Platinum Care (Devon) Ltd

Hyne Town 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 24 and 25 August 2016. This was the first comprehensive inspection since a change of provider took place in November 2015.

Hyne Town House is registered to provide accommodation and personal care for up to 45 older people. Thirty-nine rooms are located in the main part of the service. Three flats had been built on to the side of the main building, with each flat registered to provide accommodation for two people. On the day of the inspection 33 people were receiving care in the main part of the service. One person was living in a flat, but was not receiving personal care.

A registered manager was employed at the service. 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. The registered manager was due to retire a few weeks after the inspection. A new manager had been appointed and was working alongside the registered manager until they retired.

Prior to the inspection we had received some concerns about the service from agency staff. The concerns were about a lack of information given to agency staff prior to them starting work at the service, bedroom doors being locked and some people not getting their breakfast. The local safeguarding team had looked into the concerns and the service had made some changes to the information agency staff were given prior to starting work. Some people living at the service had recently been reviewed by the continuing healthcare team, who had not identified any concerns about their care.

Other concerns had been received about staff using poor moving and transferring techniques. During the inspection we saw that staff used good techniques when helping people to move about and transfer from one seat to another.

People's needs were met as there were sufficient staff on duty. During the inspection we saw people's needs were met in a timely way and call bells were answered quickly. However, people and staff told us that due to the use of agency staff it sometimes seemed as though there were not enough staff on duty. The registered manager was aware of the issues and was actively recruiting permanent staff.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed. However, care plans were large documents and contained much repeated information. The registered manager was taking action to simplify care plans.

Care plans did not contain individual activity plans to ensure people had meaningful activities to promote

their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people. This meant there were limited opportunities for social interaction between staff and people living at the service. There was no regular programme of activities for people to participate in. The registered manager told us activities were provided 'spontaneously' rather than at a specific time of day. They told us that there was an action plan in place to improve activities. This included delegating one staff member to record and oversee activities and to increase outings.

Not everyone living at Hyne Town House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

People's needs were met by kind and caring staff. One visitor told us Hyne Town House was "The best". People told us "Everyone is so good and kind to me", "Lovely views and lovely people to care for me". People's privacy and dignity was respected and all personal care was provided in private. Everyone had their own bedroom.

Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals. Following the inspection we received an email from a local GP who wrote 'The friendly staff are appropriately knowledgeable and capable of identifying causes for concern and taking basic observations. Visit request are appropriate'.

People and their relatives could be involved in planning and reviewing care if they wished. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with vulnerable people.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

The registered manager was very open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the registered manager. One told us "Can just go and talk to [registered manager] and she will pick you up if you are having a bad day".

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Monthly audits were undertaken including medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. Annual audits were also undertaken including looking at infection control and the way people's dignity was managed. The registered manager also carried out an annual survey to gauge the views of people using the service, staff and relatives. Results from the 2016 survey showed a high level of satisfaction.

Prior to the inspection a director of the company had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us that the providers planned to renew the patio area of the service. We saw that this had been completed. Records were well maintained.

We have made a recommendation relating to staffing levels.

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 protected from the risks associated with unsafe medicine administration because medicines were managed safely.

People were protected from the risks of abuse, because safe recruitment procedures were in place.

Good assessments ensured any risks to people's health and welfare were minimised.

People's needs were met as there were sufficient staff on duty. However, we have recommended staffing levels are kept under review.

Is the service effective?

Good

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes.
People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

Opportunities for social interaction were limited.

People's personal care needs were identified in care plans that were reviewed regularly.

People received care and support that was responsive to their needs.

People were confident that if they raised concerns these would be dealt with by the registered manager.

Is the service well-led?

Good

The service was well led.

The management was open and approachable.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements.

Records were well maintained and stored securely.

Hyne Town 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 was 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 24 and 25 August 2016 and was unannounced.

The inspection was undertaken by one adult social care (ASC) inspector.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from notifications (about events and incidents in the home) sent to us by the provider. Prior to the inspection a director of the company had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone living at Hyne Town House was able to tell us about their experiences. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During the inspection we met or spoke with all 33 people living in the main part of the service. As the person living in a flat did not receive personal care we did not speak with them. We spoke with five care and ancillary staff, the registered manager and the provider. We also spoke with one health care professional and two visitors. Following the inspection we received an email from the local authority's quality support team who told us they had had no involvement with the service.

We looked at a number of records including four people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Good

Is the service safe?

Our findings

On the day of inspection there were 33 people living at the service. The majority of people were living with some level of dementia and 14 people needed the help of two staff to help them with moving and personal care. There were six care staff on duty during the morning. Care staff were responsible for meeting the day to day personal care needs of people. The registered manager and a number of ancillary staff such as kitchen and cleaning staff were also on duty. During the afternoon and evening staffing levels lowered to five care staff. We were told this was because people's care needs reduced during this time. Rotas showed this was the usual number of staff on duty. At night time, care was provided by two waking members of staff. Staffing levels were calculated according to the number and dependency levels of people living at the service. The registered manager told us that people's care needs were increasing during the night time and they were looking to increase staffing levels to three staff each night.

People living at the service told us they felt there were not always enough staff on duty. However, people told us this had no effect on the care they received. They said they did not have to wait too long for help with care, but did feel staff were sometimes 'rushed'. During the inspection we saw no evidence that staff were rushed. We saw people's needs met in a timely way and call bells were answered quickly. Staff told us they felt there were enough staff on duty except on occasion, when staff phoned in sick and agency staff had to be used. They said that this had an impact on the care provided as agency staff were not always familiar with people's care needs. We discussed this with the registered manager who told us there had been a period when a high number of agency staff had been used. They told us that they were actively recruiting staff and always requested the same agency staff be sent to them. This was so agency staff would have some knowledge of the people living at the home, and people would know the agency staff.

We recommend that staffing levels are kept under review.

Prior to the inspection concerns had been raised that agency staff did not always have the information they needed to safely care for people. The registered manager had introduced a file of information for agency staff to read prior to them starting work in the service. We saw a list that agency staff had signed to say they had read the information.

People were protected from avoidable harm and abuse as staff knew about different types of abuse. Staff had received training in keeping people safe. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff also knew who to report any concerns to outside of the service. Staff told us they were confident the registered manager would deal with any concerns they raised. People were protected from the risks of financial abuse as there were robust procedures in place for dealing with any monies managed on behalf of people.

People told us they felt safe. One person said "I'm safe and I know the staff will look after me".
There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with vulnerable people. We looked at the recruitment files for three staff. Staff were thoroughly checked to ensure they were suitable to work at the service. These

checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to eating and drinking, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. Some people had been assessed as being at risk of not eating or drinking enough to maintain good health. We saw that in these cases people had been referred to healthcare professionals for advice and support.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These plans were being updated to give staff more detailed instructions on how to safely evacuate people from the building should the need arise, such as a fire.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences.

The premises and equipment were maintained to ensure people were kept safe. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

People were supported to receive their medicines safely and on time. Medicines were stored securely in locked trollies in a locked room and only staff who had received training administered medicines. Medicine Administration Record (MAR) charts indicated people generally received their medicines on time as prescribed by their GP. However, we saw there were several gaps on the MAR charts in use. We discussed this with a senior member of staff who told us they would investigate the matter and take action to retrain the staff responsible. There were arrangements in place to ensure people received medicines that were required to be taken outside of the usual medicine rounds. Audits of medicines were undertaken when medicines were received each month.

Where people had been prescribed medicine to be taken when required (PRN) for pain relief, they were asked at specified times if this was required. However, where PRN medicine was prescribed to help manage people's anxiety there were no clear guidelines as to when the medicines should be administered. For example, one person was prescribed medicine to be taken when they became anxious. A form had been completed that indicated staff should administer the medicine 'for anxiety'. There was no indication of how staff would recognise when the person was beginning to become anxious, or if alternative interventions should be used before the medicine was given. The staff member we spoke with was clear about when they would give the medicine and felt other staff would do the same. However, they recognised there was a possibility staff may interpret signs of anxiety differently. The senior member of staff agreed to ensure specific details of when PRN medicines should be administered were recorded on the forms.

Good

Is the service effective?

Our findings

People living at Hyne Town House had needs relating to living with dementia, mobility and general health. People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received a variety of training such as medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training relating to people's needs. This included caring for people living with dementia.

The registered manager told us new staff undertook a detailed induction programme, following the Skills for Care, care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and appraisals. Staff confirmed they received regular formal supervision, but could also chat to senior staff at any time. Staff received individual supervision sessions with senior staff when their competency was reviewed.

Prior to the inspection concerns had been raised that staff used poor techniques when helping people to move from one place to another. People and staff can be at risk when correct techniques are not used. We saw staff using good techniques when helping people get up from chairs and when using a hoist.

The 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.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at Hyne Town House were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held involving relatives and professionals. This meant staff were aware of the need to ensure people had the capacity to make specific decisions or best interest meetings needed to be held. We saw records of a meeting between staff, professionals and family to determine if it was in the person's best interest to remain at the service.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been approved. While the applications were being processed the service was keeping people safe using the least restrictive possible measures.

Prior to the inspection concerns had been raised about bedroom doors being locked. Locks to bedroom doors were of the type that cannot be accessed from outside the room unless a key is used. This was to minimise the risk of people walking into other people's bedrooms without permission. Anyone in their bedroom could leave at any time and therefore their liberty was not restricted.

Concerns had also been raised that people had not received any breakfast on one day. We saw that the cook recorded when each person's breakfast had been given to them. There was no evidence to suggest people would not have received their breakfast on any day. We saw that people were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. The cook told us they made jelly every day so staff could give them to people to increase their fluid intake. Meals were presented nicely and there was plenty of choice. Staff offered choices and did not assume what people would have. People and their visitors told us the food was of a good quality and always well presented.

The cook used a 'red tray' system to identify anyone who needed their food intake monitored. Staff knew that any person whose meal was taken to them on a red tray needed support and monitoring. The cook was aware of people's likes and dislikes and also held information on people's allergies and any specific diets. Records were kept to ensure people received sufficient food and drink. However, while the amounts of food and drink taken were recorded, the totals for each day were not recorded. This meant it was not possible to quickly see that people had received the required amounts of nutrition and hydration. We found no evidence people were receiving insufficient food and fluid.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and other health and social care professionals as needed. People told us they always saw their GP when needed. We spoke with one visiting healthcare professional who told us that the staff were very good at contacting them when required. They said staff took advice and followed it through efficiently. They told us they had never had any concerns about the care provided by the service. Following the inspection we received an email from a local GP who wrote 'The friendly staff are appropriately knowledgeable and capable of identifying causes for concern and taking basic observations. Visit request are appropriate'.

Good

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. The atmosphere within the service was relaxed and very friendly. There was appropriate friendly banter between staff and people living at the home. Staff were seen supporting people in an easy, unrushed and pleasant manner. People told us "Everyone is so good and kind to me", "Lovely views and lovely people to care for me". One person said "This is a very good place, I'm content to be here" and their relative told us Hyne Town House was "The best".

We saw that the service had received many letters from relatives, expressing satisfaction at the care given to their relation. For example we saw one family had written 'Thank you is really an inadequate way to show our appreciation for all your cheerful loving care and we cannot speak highly enough of Hyne Town House'. Following the inspection we received an email from a local GP who wrote 'They (staff) always appear caring and respectful of the residents'.

Not everyone was able to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and snacks and discreetly asked if people needed help with personal care.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and some people's personal histories. For example, staff knew what people liked to eat and when they liked to get up and go to bed.

Everyone had their own bedroom. Some people had personalised their bedrooms with items they had brought from home. Many rooms had photographs of family and friends and ornaments that had a special meaning. People's privacy was respected. People were discreetly assisted to their own bedrooms for any personal care. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. However, we heard people's personal care needs being discussed over the 2 way radios staff used to communicate with each other. We discussed this with the registered manager who agreed to speak with staff about the use of the radios

Not everyone was able or wished to be actively involved in planning their care. We saw that some people had signed their care plans to say they did not wish to be involved in future reviews. People we spoke with felt staff knew their needs well and didn't need to be involved in planning their care. Staff knew people well and when planning care, took into account what they knew about the person and their preferences. We saw that where people or their relatives wanted to be involved in planning care they had been. One person told us staff didn't need to ask them about their care as "They [staff] always know what I want".

People's care plans showed that it was important to many of them to keep in touch with family and friends. People and staff confirmed that people were supported to maintain contact with people that were important to them. People told us they were able to receive visitors at any time. One visitor told us they were always made welcome and that staff were very supportive of them as well as their relative. Visitors told us staff always informed them of any changes in their relative's needs.

Requires Improvement

Is the service responsive?

Our findings

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before their admission and while living at Hyne Town House. Wherever possible care plans were developed with the person and contained good descriptions of their needs. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished. Care plans were reviewed monthly and updated as people's needs and wishes changed. For example, one person's care plan had been updated when their personal care needs had changed. Any changes to people's care was passed on to staff through handovers as well as recorded on their care plans.

However, care plans were very large documents and contained a lot of repeated information. The plans focussed on personal care tasks and were not 'person centred'. The registered manager had identified this issue and told us there were plans to 'simplify the care plans to make the information more accessible and thereby more effective'.

Staff responded to people in a sensitive manner. When people needed assistance with transferring from an armchair to a wheelchair staff reassured the person. They told them what was happening while the transfer was taking place. Staff helped reposition one person so it was easier for them to have a drink. We spoke with one staff member who was assisting one person to eat their lunch. The person was playing with a small toy while eating. The staff member said the toy helped the person concentrate and they were much more likely to eat their meal while playing with the toy.

Staff had received training in caring for people who were living with dementia. One staff member told us how they used the 'butterfly' method to interact with people regularly for short periods of time. This helped stimulate people and keep them alert. Staff were careful to speak slowly and calmly and gave people time to process any information; good eye contact was also maintained. This showed us that staff knew how to care for people living with dementia.

Not everyone living at Hyne Town House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation. Staff spoke with people about their families and people were asked what they would like to do. One person said they would like to play a ball game. Staff got a large soft ball and people were encouraged to throw it to each other. There was much fun and laughter during the short time the game took place.

There was no regular programme of activities for people to take part in. The registered manager told us this was because they felt activities were about choice and what people wanted to do on the day. They told us that many activities were held but they were spontaneous rather than at a fixed time during the day. Activities that were on offer included knitting, colouring, chatting and going out for walks. We were also told

that some people enjoyed helping with folding washing. Outside entertainers also visited the service twice a month in winter and once a month in summer. The registered manager told us that there was an action plan in place to improve activities. This included using the summerhouse in the garden as a relaxation area, delegating one staff member to record and oversee activities and to increase outings.

Care plans did not contain individual activity plans to ensure people had meaningful activities to promote their wellbeing. Information about the person's life, the work they had done, and their interests was limited so could not be used to develop individual ways of stimulating and occupying people.

However, the registered manager told us they had plans to increase the level of activities and delegate one member of staff to oversee and record activities

People were supported to maintain and express their religious beliefs. Multi-faith services were held regularly and people were supported to attend church if they wished.

People told us staff regularly asked if they were happy with the care they received. People were also asked to complete an annual quality assurance questionnaire. We saw the results from the 2016 questionnaire that indicated people were happy with the care they received.

The registered manager took note of, and investigated any concerns raised. We saw that one complaint had been recorded in the complaints file and this had been investigated and concluded satisfactorily. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint. One person told us that if anyone had a complaint "They would have to be very picky to complain about anything".

Good

Is the service well-led?

Our findings

The service is operated by Platinum Care (Devon) Ltd who own a number of care homes across the country. We spoke with a director of the company who told us they visited the service at least once each month to support the registered manager and review the quality of care being provided. Support for the registered manager was also available from the area manager who provided more regular support. The registered manager was due to retire a few weeks after the inspection. A new manager had been appointed and was working alongside the registered manager until they retired.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. People and staff told us they would be sorry to see the registered manager leave.

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager, including monthly medicine audits. We saw that where issues had been identified action was taken to rectify the matters. For example, one medicine audit had identified a gap on the Medicine Administration Record (MAR) chart. The member of staff who should have signed the chart had been identified and had received additional training in medicine administration.

The registered manager had also carried out a series of annual audits, such as health and safety and infection control. In June 2016 an audit on how the service managed the dignity of people living at the service was carried out. The audit looked at measures such as whether the service's policies upheld dignity through the zero tolerance of abuse. Records were looked at, staff were interviewed and their practice observed to ensure people's dignity was upheld.

The registered manager was keen to improve the service. They were recruiting more permanent staff in order to reduce the number of agency staff used. They had introduced an information file for agency staff. They had identified that care plans needed to be simpler and was addressing this. They also had plans to improve the activities available to people.

The registered manager carried out an annual survey to gauge the views of people using the service, staff and relatives. Results from the 2016 survey showed a high level of satisfaction. The survey asked the Care Quality Commission's five key questions as a basis of the survey. They asked people to comment on whether they thought the service was safe, effective, caring, responsive and well led. Comments relating to the 'well led' section included 'reliable care delivered with compassion', 'Excellent in house management, who understand all the needs of the residents', and '[Registered manager] ensures very high standards from all her staff and is always available to listen to our needs/concerns'.

Prior to the inspection a director of the company had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR told us that the providers planned to renew the patio area of the service. We saw that this had been completed. The PIR also stated 'We have a positive culture with an

open door management policy. Staff are encouraged to raise issues and put forward ideas to improve and maintain standards'. Staff spoke positively about the registered manager. One staff member said "Can just go and talk to [registered manager] and she will pick you up if you are having a bad day". Another staff member told us they thought there was a positive culture within the service where any issues could be raised. We asked staff if they thought anything could be improved. They told us that apart from staffing levels there was nothing that could be improved.

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the intranet and the Care Quality Commission's website.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.