

Merrycare Limited

Merrifield House Residential Care Home

Inspection report

90 High Street
Wootton
Northampton
Northamptonshire
NN4 6JR

Tel: 01604705654

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 06 April 2016 and was unannounced.

Merrifield House Residential Care Home provides personal care for up to 44 older people, including people living with dementia. When we inspected there were 44 people living at the service.

The service had a registered manager. 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.

People had risk assessments in place regarding their care and support; however they did not always provide members of staff with guidance or control measures to help manage and reduce the level of risk people faced. People were protected from abuse or improper treatment. Staff had been trained in safeguarding and understood the recording and reporting principles associated with this. Staffing levels were sufficient to meet people's needs and ensure they received the care they needed. Staff had been recruited following safe and robust procedures to ensure they were appropriate to work at the service. There were systems in place to ensure people received their medication correctly.

People were asked for their consent by members of staff; however there were not sufficient systems in place to ensure the principles of the Mental Capacity Act 2005 were followed when people lacked mental capacity. Staff members received regular training and support, such as supervisions, to ensure they had the skills and knowledge they needed to perform their roles. The service supported people to have enough to eat and drink so that they had a balanced and nutritious diet, based on foods and drinks that they enjoyed. If people required support to see healthcare professionals, the service supported them to make appointments both at the service and in the local community.

Management systems at the service were not always based on current legislation, regulations and guidance, meaning staff had out-of-date policies to refer to. The provider had a system of checks and audits in place, including a satisfaction survey, to monitor the quality of care being provided and identify areas for improvement. People, their family members and staff were positive about the culture and ethos of the service. The registered manager was involved in the running of the service and implemented systems to ensure they were meeting their regulatory obligations.

There was a relaxing and homely atmosphere at the service; staff treated people with kindness and compassion and worked to develop positive professional relationships with the people they cared for. People were provided with the information they needed about their care and were involved in producing their own care plans, with input from family members where appropriate. People were treated with dignity and respect and steps were taken to ensure their privacy was upheld at all times.

People received person-centred care which was specific to their individual needs, wishes and preferences. Care plans were written in a person-centred way and were reviewed regularly with input from the person and their family, to ensure that it remained reflective of the way they wished to be cared for. There were a number of different activities available at the service, based on people's different needs and wishes. Staff encouraged people to take part in activities both in group and one to one sessions. The service was open to receiving complaints and used them as a tool for developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always completed fully and did not provide staff with sufficient guidance on how to reduce the potential impact of risks to people.

People were protected from harm or abuse by trained staff who understood safeguarding and reporting principles.

There were sufficient numbers of staff to meet people's needs. Staff had been robustly recruited to ensure they were of good character and suitable for their roles.

Medication was administered appropriately by trained members of staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's consent was sought; however the service did not always act in accordance with the Mental Capacity Act 2005, when people lacked mental capacity.

Members of staff received regular training and support to ensure they had the skills and knowledge required to perform their roles.

People were supported to maintain a balanced and nutritious diet.

The service supported people to access healthcare professionals as and when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind and compassionate members of staff. They spent time talking with people and worked to create a positive and relaxing environment.

Care plans had been written with people's input, as well as their family members. People were regularly given information and updates about the service to ensure they were aware of service developments.

Staff treated people with dignity and respect and maintained their privacy. Family and friends could visit the service at any time.

Is the service responsive?

Good ●

The service was responsive.

People received care that was person-centred. Care plans were specific to their needs and wishes and were reviewed regularly to ensure they were up-to-date.

There were a number of different activities which people could engage in, based upon their individual preferences.

There was a complaints system in place which people were aware of. Complaints were managed and responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The management systems, policies and procedures in place at the service were based on out-of-date legislation, regulations and guidance.

The registered manager carried out regular checks and audits to monitor people's care, treatment and support.

There was a positive and open culture at the service, with an ethos of providing person-centred care.

People and staff were well supported by the registered manager, who took steps to ensure they were meeting their regulatory obligations.

Merrifield House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 06 April 2016 and was unannounced. The inspection team comprised of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or other events that stop the service.

We spoke with 12 people who used the service, as well as five of their relatives. We also spoke with the deputy manager, the cook and five members of care staff, as well as one volunteer and a visiting hairdresser.

We checked eight people's care records, including daily notes and medication records, to see if they were accurate and reflected their specific needs. We also reviewed six staff recruitment files, staff duty rotas and training records, as well as further records relating to the management of the service, such as quality audits, in order to ensure that robust management systems were in place.

Is the service safe?

Our findings

The service had put systems in place to assess and monitor risks to people and the service; however these were not always completed fully, to ensure that risks were managed effectively. Risk assessments contained tools for staff to use on a regular basis to help them measure risks but these had not been used. For example, people had a Malnutrition Universal Screening Tool (MUST) in place to measure their risk of malnutrition. We found that only the first stage of these had been completed, which provided staff with a weight and Body Mass Index (BMI) for people, but further stages had not been completed to provide a MUST score. This meant that the risks of people becoming malnourished had not been fully assessed; therefore action could not be taken to manage these risks appropriately. The deputy manager acknowledged that the assessments had not been completed in full and showed us that guidance on how to complete them appropriately was available for staff. However; we did see that weight monitoring was carried out and recorded in people's daily notes, and action taken where appropriate.

We also found that risk assessments did not always provide staff with guidance about how the level of risk had been arrived at, or the specific control measures they should take to help reduce risk levels. Risk assessments were regularly reviewed and in some cases the risk rating had changed as a result of the review. However; the risk assessment or associated care plan failed to provide staff with guidance or additional control measures which had been implemented as result of the change in rating. For example, one person's falls risk assessment gave a rating that had changed from medium risk to high risk. There was no information as to what steps had been put in place to address the increased level of risk. We spoke with the deputy manager about this and they acknowledged the information had not been included when risk assessments were reviewed.

Following the inspection we spoke with the provider about these areas. They explained that the service took risks to people's health and well-being very seriously and they worked with professionals, such as GP's, on a weekly basis to discuss specific risks to individuals. They also told us about interventions which they had put in place, including adapting the environment and investing in equipment and training to minimise the impact of risks on people. They showed us records which confirmed that areas of risk were considered by the provider and that investment had been made in this area.

People told us they felt safe living at the service. One person said, "I feel very safe; the staff really do look after us very well." Another person said, "I feel very safe." Relatives also told us that they were confident that their family members were safe and well cared for at the service. Throughout the inspection we observed that people were comfortable in the presence of staff and were happy to have them around.

Staff members told us that the safety of the people they cared for was highly important to them. They explained that they received training regarding abuse and different types of abuse, as well as the action they should take if they suspected people had been abused. One staff member said, "We get safeguarding training so we know about abuse and how to report it." Staff members told us that they would record any concerns they had and would report them to their manager to ensure action was taken. They also told us that they were able to contact the local authority safeguarding team directly if they felt it was necessary. We

looked at incident and safeguarding records and saw that concerns had been referred to the local authority and investigations had taken place where appropriate.

People told us that they felt there was enough staff available meet their needs. They explained that there were always staff members available when they needed them. Visitors to the service told us they felt there were sufficient staff members available at the service. One visitor said, "They always seem to have plenty of staff available." Staff members also felt that they were able to meet people's needs. One staff member told us, "We have some busy times, but we have enough staff to make sure people are cared for well." Another staff member said, "We work well as a team; we don't use any agency staff so the residents always know who is providing their care." We saw that there were sufficient numbers of staff on shift during our inspection and staffing rotas confirmed that these levels were consistent and that there were no gaps or uncovered shifts.

The deputy manager explained that staff members were recruited safely, following a robust procedure. They told us that staff members had to apply and be interviewed to ensure they were suitable candidates for their roles. The service also carried out a number of checks, including seeking references and Disclosure and Barring Service (DBS) criminal record checks to ensure that staff were safe to work with people. Records confirmed that these checks were carried out for each member of staff before they were able to start at the service.

People told us that they were supported to take their medication safely and in accordance with the prescriber's instructions. One person said, "I am very happy for the staff to take charge of my medicines I take 25 tablets a day, I have every confidence that the staff know what they are doing". Staff members also confirmed that they supported people to take their medication. One member of staff said, "Senior staff administer people's medicines, after completing medicines training, you are observed on at least three occasions administering medicines to people. Only when you are signed off as competent are you able to give people their medicines unsupervised." We observed staff giving people their medicines, we noted that people were asked if they needed any medicines prescribed for pain relief and their choices were respected. The staff explained to people what the medicines were for and allowed people to take their time in taking their medicines. We found that the medicines records and storage were managed appropriately and the medicine administration records (MAR) were signed appropriately by staff. Protocols were in place and followed for administering and recording medicines that were prescribed to be taken as required (PRN).

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

There were systems in place to ensure the principles of the MCA were adhered to; however these were not always used appropriately. We found that some people's care plans had been signed by family members and staff, but not by the person themselves. There were not always MCA assessments in place to demonstrate whether people had or lacked the mental capacity to agree to their care plans. We spoke to the deputy manager about this. They told us that they had identified this area as one in need of development and, together with the registered manager, had started putting steps into place to assess people's mental capacity. We saw that a mental capacity assessment form had been introduced and the service management were working through people's care plans and considering where capacity assessments were necessary.

The deputy manager showed us that applications had been made to the local authority for DoLS authorisations, where there were concerns about people's capacity and their ability to agree to receive care at the service. We saw that these applications had been completed in collaboration with the person, their family and relevant healthcare professionals to ensure any decision made was in the person's best interests.

People's consent to their care, treatment and support was sought by staff on a daily basis. People told us that they were asked what they wanted to do by staff, and that staff listened to what they told them. Staff members explained that they promoted people making their own choices and decisions about their care and worked to empower and support people in this area. During the inspection we observed members of staff sought and gained people's consent before providing them with the care and support they needed.

People told us that they felt staff members had the skills and knowledge that they needed to meet their needs. One person said, "They certainly know what they are doing with me!" Relatives also told us that were aware that staff members received regular training and felt that they had the skills necessary to care for their family members.

Members of staff told us that they received regular training and support to help them develop their skills and abilities. They explained that they received an induction when they started working at the service, to help get them used to the service and the people living there. They told us that during this induction they

completed mandatory training courses and spent time shadowing more experienced staff to help them get used to the service. The deputy manager told us that the induction had been updated to include the Care Certificate, to ensure that new staff received an induction which was in-line with it.

Staff members also told us that they received regular on-going training from the provider, which helped to keep their skills up-to-date. One staff member said, "They are red hot on training here." Another member of staff told us, "The training is very good." Staff records showed that there were regular training courses on subjects such as safeguarding, fire safety and moving and handling. The service had a training matrix which displayed staff training dates and was used to help monitor training and book staff onto courses when needed.

One to one supervision meetings were held on a regular basis to ensure staff had the support they needed to perform their roles. Staff members told us that they had regular supervisions, and could also ask for additional support or advice from the management of the service at any time. During the supervisions staff could discuss any concerns they had, as well as any performance issues or training requirements. One staff member explained that they had regular supervisions with the registered manager. They said, "I told him I wanted to do some training on mental health and it was arranged for me straight away." Records also confirmed that staff members received regular supervision as well as annual appraisals, to help develop their skills and discuss the service and areas for improvement.

People were happy with the food they received at the service. They told us that they were given choices about what they wanted to eat and if they didn't want one of the options, something else would be prepared for them. People also told us that staff were always able to provide them with any help or support they needed with eating and drinking. One person told us, "The meals are really very nice." Another person said, "I like my food cut into small pieces, the staff help to do this for me as my hands are not so good. I love my desserts; I often get an extra one!"

We saw that mealtimes were relaxed and food was served to people in a comfortable atmosphere which promoted an enjoyable meal experience. People were observed chatting to each other as well as members of staff throughout the meal. The staff offered assistance in a sensitive manner for people that needed help to eat their meals. Some people were provided with finger foods and given adapted cups, to help them maintain their independence with eating and drinking. We saw that care plans reflected people's nutritional needs, and that, if necessary, recording charts were used to document people's nutritional intake.

People also told us that they were able to access the services of healthcare professionals when necessary. They explained that staff members helped them to book and attend appointments within the community, as well as receiving visits from healthcare professionals within the service. One person told us, "It's very good; the doctor comes here every week to check everybody is okay." Another person said, "The manager is really good. He will take us to attend appointments for example; to see the dentist, optician or hospital appointments."

Family members were also positive about their relatives' access to healthcare services. One family member said, "The staff are very good at spotting the early signs when my [family member] is not very well. They act quickly, arranging for the GP." Staff members confirmed that they referred any health concerns to the appropriate professional, to ensure people were able to get the treatment they needed. People's records confirmed that they had regular healthcare appointments and showed that the outcome of any appointment was recorded to help update people's care plans.

Is the service caring?

Our findings

People were treated with kindness and compassion by staff and the provider. They were positive about the staff that cared for them and their approach to their roles. They told us that staff were willing to talk and joke with them, whilst still ensuring that their needs were being met. One person told us, "It is very friendly here; I felt at home straight away, it's just my cup of tea." Another person said, "The staff are so friendly, they always have time for you." A third person said, "I have no hesitation in saying that everybody here is cared for extremely well."

Relatives were also positive about the care that was provided at the service. They told us that they felt staff and the provider had created a positive atmosphere and environment which was comfortable for their family members, and also for them when they visiting. One relative said, "The home has a very relaxed feel to it. You don't see the staff rushing about, they take time with people." Another relative told us, "My [Family member] talks of how caring the staff are to them."

Staff members told us that they valued the relationships they had with the people that they supported. They were committed to their roles and wanted to make sure that people had the best quality of life possible. They explained that this involved talking with people and spending time with them, as well as meeting their care needs. Throughout our inspection we found there was a positive and relaxing atmosphere at the service. We saw staff engaging in conversation with people and making sure they were happy and comfortable. They were happy to share a joke with people which helped to create a relaxed and homely environment which allowed people to express themselves and enjoy spending time in the company of others.

People were aware of their care plans and told us that they, along with their family members, had been involved in deciding what would be in them. People's relatives also confirmed that the service had consulted them when planning care, which helped to ensure that the care plan was reflective of the person and the way they wanted their care to be delivered.

People also told us that they were provided with information about their care, and were involved in the running of the service. They explained that there was information on display throughout the service, such as how to make a complaint, which may be of use to them, and that the provider held regular meetings to keep people up-to-date on any developments affecting the service. One person told us, "We get a regular newsletter sent out telling us what's going on, things like, birthdays coming up and planned entertainment; we are also asked if we want to contribute anything to go into the newsletters." We saw that newsletters were sent out to people and their family members, and that residents and relatives meetings took place on a regular basis. These provided people with a forum to raise any concerns they may have, but also gave them the opportunity to get involved with the way the service was run.

People told us that they felt that staff respected their privacy and treated them with respect. They told us that staff members listened to what they had to say and took notice of the decisions they made. They told us that if the care they received was of an intimate nature, staff made sure they were treated in a dignified

manner and upheld their privacy and dignity. One person told us, "The staff always knock on my door before they enter. They are respectful, they give me time and space to get washed and dressed and let me do as much for myself as possible."

Throughout our inspection we observed staff providing people with care in a dignified and respectful manner. Staff members spoke to people with kindness and politeness. They made sure they addressed people by their chosen names and took the time to communicate clearly with each person, being mindful of their specific communication needs. We saw that staff were happy to help people where necessary, for example with eating and drinking, however they did everything they could to promote people's independence, including prompting people and using aids to help. This meant that people maintained as much independence as possible, which helped to ensure they were treated in a dignified manner.

People and their family members told us that visitors could come to the service at any time. This meant that family and friends could come to visit whenever they wanted, at a time that worked best for them and the person. Relatives told us that they were made to feel welcome when they came to visit and got to know members of staff, as well as other people living at the service. One relative told us, "They have become like an extended family. There is a real friendly, family feel to the home." Staff members confirmed that visitors could come to the service whenever they wanted. We saw staff members were recognised by visitors and engaged in friendly conversations with them, which helped to ensure they were relaxed and comfortable when seeing their family members. We also found that there were a number of different areas of the service where people could sit and talk with visitors, which helped to ensure they could meet in private if they wished.

Is the service responsive?

Our findings

People received person-centred care which took their specific and individual needs into account. People told us that before they moved into the service, they met with staff to discuss their care and support needs to ensure the service was able to meet those needs, and to write an initial care plan. They explained that staff members asked about a range of different areas to ensure care plans were comprehensive and reflective of their needs. One person said, "When I first came here one of the staff sat down with me and asked me questions about my likes and dislikes and hobbies, that sort of thing."

The deputy manager and staff members that an initial assessment was completed to help them identify the areas of support that people had, as well as areas of strength, where they were able to do things for themselves. One staff member told us, "We assess the needs of new residents to make sure we can get their care right." We saw that an initial care plan was produced following this assessment, which provided staff with information about the person, as well as their specific care needs.

The care plans were reviewed and updated on a regular basis. People told us that they were involved in reviewing their care plans, and that family members could be involved as well. They explained that as things changed, the service ensured the care plans changed to make sure they were still reflective of their needs. Staff members confirmed that they regularly checked care plans to ensure the guidance they provided was accurate and up-to-date. They explained that it was important that care plans were a true reflection of the care that people needed, to ensure that they received continuity of care. Records also showed that the care plans had been reviewed and updated on a regular basis.

People told us that they were able to take part in a number of different activities to keep them busy and stimulated. They explained that they were able to choose the activities that they took part in, and that there was a wide range of different activities available. One person told us, "I used to be very sporty, I loved doing all kinds of sports. I use the exercise bike that is here and like to go for walks in the garden." Another person said, "The activity coordinator is very good at providing activities for us; we always have things going on. We also have a lady that comes here to do motivation exercise with us. We do quizzes and light exercises, it helps keeps your mind and body active."

Family members told us that they felt there was a wide range of activities available at the service. They also told us that people could choose whether or not they wanted to join in, and that the service would always try to find something that people enjoyed doing. They also told us that the service regularly arranged coffee mornings which people, relatives and friends could attend. This helped to develop social relationships and allowed people to get to know one another, as well as meeting others family members. One relative told us, "There always seems to be things arranged for people to take part in." Another relative said, "I sometimes come along for the coffee mornings; it's a nice opportunity to meet up with the other relatives."

Staff members told us that they worked hard to ensure there were activities available, and that these were in line with people's preferences. The activities coordinator told us that they assessed each person's ability to engage in activities using a specific assessment tool. They told us this helped them to plan suitable

activities, particularly for people who may be living with dementia or other cognitive impairments as it helped them to identify what each person could and could not do. They also told us that they worked alongside a holistic therapist and always had support from staff members to implement one to one and group activities, which helped to ensure people had regular stimulation.

Throughout our inspection we observed staff engaging in activities with people at the service. We saw that they completed a range of different activities and made an effort to engage each person in some level of activity. An activity diary was kept to record people's enjoyment and engagement in activities and was used to help plan future activities for each individual. We also saw that the activities assessment tool had been completed for each person, to help guide the activities coordinator and staff members when planning people's activities.

There was a system in place for receiving and acting on complaints raised about the service. People told us that they were aware of how to make a complaint and who they should contact if they were unhappy about their care; however none of the people we spoke with said that had any cause to make a complaint. They also told us that they felt confident that any complaints they raised would be taken seriously by the provider and appropriate action would be taken. One person said, "I've never had the need to complain about my care, the staff are very good. If you're not happy with anything they soon sort it out." Relatives shared this view, explaining that the service acted on feedback and complaints promptly.

Staff members told us that complaints were welcomed and used them as a tool for helping the service to improve. They told us that complaints were not raised regularly; however they always sought people's feedback and tried to sort any problems before people felt the need to complain. We saw that there was a complaints system in place. This ensured that complaints were logged, along with any actions taken as a result.

Is the service well-led?

Our findings

The service could not demonstrate that they were always following current or up-to-date guidance regarding the delivery of people's care. We spoke with members of staff about recent changes to regulations and guidance, which affected the way in which services were regulated. They were not aware of these changes, or of the impact that they may have on the way the service operated. We spoke with the deputy manager about this. They were unable to show us that the service had a copy of the latest guidance regarding current regulations. We also looked at the provider's policies and found that they were based on out-of-date regulations and legislation. For example, the abuse policy referred to the Care Standards Act 2000, which has been replaced by the Health and Social Care Act 2008. This meant that the service did not always have the correct information to guide members of staff and to ensure that people's care was in accordance with current legislation, regulations and guidance.

The deputy manager showed us that there were a number of checks and audits carried out, to help monitor the care being provided and to drive improvements where necessary. They told us that these audits were completed regularly by the service management, so that they had a good idea of what was going on within the service. We saw that audits were completed in areas such as; care plans, health and safety and dignity. These were used to produce an action plan which showed the areas for improvement, as well as target dates and actual completion dates.

People told us that they were given an annual feedback questionnaire to fill in. They told us that this included a number of questions about the service and the care that they received. The deputy manager explained that the results of these feedback surveys were collated and analysed to help them identify areas for improvement. These also formed part of the service's improvement plan to help ensure people's expressed views were part of the overall development of the service.

There was an open and positive culture at the service. People and members of staff worked together to ensure that there was a welcoming and homely atmosphere at the service and were involved in helping to improve the service for everybody who lived and worked at it. People told us that they felt that their opinions mattered and that they made a difference when they made suggestions about how the service was run. They told us that there were regular residents meetings which they were able to attend and share their thoughts or opinions on the care they received. One person said, "We have resident and relatives meetings quite regularly, [registered manager] listens to our opinions."

Relatives were also happy about the culture that existed at the service. They explained that their family members received person-centred care from the service and that this ethos had been instilled by the registered manager. They told us that they felt the service was relaxed and that staff ensured that their family members received the care and support that they needed. One relative told us, "Merrifield House was recommended to us, we are so pleased we managed to get a place here, it is run in a very relaxed style, the manager is always available and keeps his finger on the pulse, always putting the residents first." Another relative said, "The residents come first, this stems directly from [registered manager], he is the culture of the home, he is very hands on."

People and their family members told us that the registered manager was very involved in the service and ensuring people received the care that they needed. They explained that the registered manager had an open management style which helped them get to know people and their family members, which in turn made it easier for them to raise any concerns or suggestions they may have. One person told us, "We are very fortunate to live in a home that is so well run." A relative said, "The manager is a very caring person, he always keeps relatives informed. He knows his responsibilities and executes them very well."

Members of staff were also positive about the culture of the service and the impact that the registered manager had on the service. They were motivated and told us that they felt well supported by the registered manager, which allowed them to perform their roles to the best of their ability. One staff member said, "We have very good support and training, [registered manager] and the deputy manager have an open door policy." Another staff member said, "I knew as soon as I walked through the door this was the type of care home I wanted to work in, where people came first."

We found that the service had an established registered manager in place, who worked to ensure there was a clear person-centred ethos at the service. They had introduced systems to ensure that staff had the support they needed and that people, relatives and members staff were able to feed back information about people's care and contribute to the development of the service.

Systems were in place to ensure that they met their regulatory obligations, such as notifying the Care Quality Commission (CQC) of incidents such as serious injuries, potential abuse or other events that stopped or threatened to stop the service running safely and properly.