

Dean Care Limited

Wilbury

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

Wilbury has 18 bedrooms and is registered to accommodate a maximum of 19 people. Seven rooms have en-suite facilities. It specialises in providing support to older people who require minimal assistance with their personal care. The service does not have a hoist and therefore only provides accommodation to people who can transfer, for example from bed to a chair either independently or with minimal support from staff. Bedrooms are located over four floors which are accessible via stairs or a shaft lift. There is level access to the gardens at the rear of the property. At the time of our inspection 15 people were living at the service and one person was being accommodated on a short term respite basis.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People's independence was promoted. One person told us "(Registered manager's name) likes us to do as much as we can for ourselves. It's important for us to be independent as we can be, and she encourages us to do that".

People had access to activities and opportunities for social engagement and stimulation. One person told us, "We have great summer and Christmas parties. (Cooks name) prepares fabulous food, everyone comes, we all enjoy it". Another person told us "We often have things going on downstairs; a pianist comes every now and then, we have talks and films. There are exercise classes and (person's name) plays music in the afternoon sometimes".

People were supported to maintain relationships with people that mattered to them. Relatives were made to feel welcome and visiting was not restricted. A visitor commented "It's a family, that's how I see it. The staff are really good and particularly caring. They are always really friendly; I can come and go as I want".

Relatives were kept informed of their loved one's wellbeing and any changes in their needs. A relative told us, "When my mum was ill and needed to go to hospital they phoned me straight away to let me know. They told me not to worry and dealt with everything, they kept me up to date with all the developments. That was really reassuring".

People's privacy and dignity was respected and upheld. One person told us, "The staff are really caring and friendly, they treat me with respect, it's like a family hotel."

Staff were caring and built friendships with people. One person "It's quite remarkable how well we all get on, staff included. Everyone says good morning to each other and ask how you are when they pass by. They (the staff) are very, very thoughtful and endlessly good tempered". Another person commented "We have a laugh and a joke with the staff".

Meal times were relaxed and sociable. People spoke highly of the quality of the food on offer which was homemade from fresh ingredients. One person told us "The food is fabulous. (Cooks name) makes everything from scratch every day, it's delicious".

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so relevant legislation was followed.

People's health and wellbeing was continually monitored and the registered manager regularly liaised with healthcare professionals for advice and guidance. People received medicines on time and records of people's health and emotional wellbeing had been maintained. Staff were responsive when people needed assistance. One person told us "They answer the call bells quickly, pretty much immediately".

People were supported by sufficient numbers of suitably qualified and experienced staff all of whom held a nationally recognised qualification in care. The recruitment and selection procedures in place ensured that appropriate checks were undertaken before staff began work. Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. They received the training and support they needed to undertake their role and spoke highly of the training and development opportunities. One member of staff told us "We get all the training we need but if you want more you just have to ask (registered managers name) and she will organise it for you".

Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Accident and incidents had been recorded and monitored to identify any themes or trends.

Feedback was regularly sought from people, relatives and staff. 'Residents' and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas.

People, their visitors and staff had confidence in the leadership of the service. One person told us "(Registered manager's name) is inspirational. She's full of beans, extremely caring, very sensitive and practical. There's a good combination of being organised without being obvious. It's very relaxed here".

The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. The provider had ensured there were processes in place for auditing and monitoring the quality of the service and complaints were responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Visiting was not restricted and people were supported to maintain relationships with people that mattered to them.

Care was delivered in a professional, caring and kind manner.

Staff knew people well and people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly when people's needs changed, which ensured their individual needs were met.

There were opportunities for social engagement and involvement in regular activities.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

The service was well-led.

There was system in place for monitoring, evaluating and assessing the quality of care.

The provider and registered manager were accessible and approachable and people spoke highly of their leadership.

Feedback was regularly sought from people, relatives and visiting healthcare professionals to help drive improvement.

Good ●

Wilbury

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 checked 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.

The inspection was undertaken by one inspector. It took place on 13 and 14 April 2016 and was unannounced.

Before the inspection we reviewed the information that we held about the service and the service provider. This included the provider information return (PIR) and statutory notifications sent to us about incidents and events that had occurred at the service. A PIR 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. A statutory notification is information about important events which the service is required to send to us by law. We also received feedback about the service from a visiting health care professional, the local pharmacist and the local authority. We used all this information to decide which areas to focus on during our inspection.

We observed staff supporting and interacting with people and spoke with nine people, four visiting relatives, a visiting hairdresser, the registered manager, two directors and five members of staff.

We looked at records including five people's care records, four staff recruitment records, medication administration record (MAR) sheets, staff rotas, staff training and supervision trackers, complaints and other records relating to the quality assurance processes and management of the service.

Following our inspection the provider sent us additional information relating to staff training and minutes of meetings which had been attended by people who use the service and minutes of staff meeting minutes. This information was considered in the writing of this report.

No concerns were identified at the last inspection of the service which took place on 25 June 2014.

Is the service safe?

Our findings

People told us they felt safe. One person told us "I feel completely safe and secure". Another person told us "I feel safe. Everyone is wonderful and I have a bell to use if I need any help". A further person commented "I feel safe and secure. If I didn't then I would say something". Visiting relatives commented they felt confident their loved ones lived in a safe and secure environment. A relative told us "I think my mother is completely safe".

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Personal evacuation plans were in place in case of emergency. We saw safe care practices taking place, such as staff encouraging and supporting people to stand up from a seating position and to move around the service. Accident and incidents had been recorded and monitored by the registered manager to identify any themes or trends.

People were supported to be independent and live autonomous lives. The registered manager and staff adopted a positive approach to risk taking. The registered manager explained they encouraged people to remain active and independent and to continue to do the things they enjoyed before they moved into the service for example going out for walks. They told us, "Two of our residents go out for walks most mornings and another takes the bus to visit family and friends." One person told us they always let the staff know where they were going and when they would be back. They told us they carried a card with their name address and the contact details for Wilbury and their mobile phone.

There were enough skilled and experienced staff to provide the care and support people required safely. People we spoke with confirmed they felt the service was sufficiently staffed. One person told us, "There are enough staff who know what they are doing." Visiting relatives also told us they felt the service had enough staff to meet the needs of people. People told us call bells were answered promptly and their requests for assistance were answered in a timely manner. One person told us "They answer the call bells quickly, pretty much immediately". The registered manager told us, "We wouldn't usually employ anyone that did not already hold an NVQ (National Vocational Qualification) in Care at Level 2 or above. Some of our staff hold Levels 3 and 4". An NVQ in care is a nationally recognised qualification which has now been replaced with a National Diploma in Care. Records confirmed what the registered manager had told us.

Effective systems were used to make sure staff were only employed if they were suitable and safe to work in a care environment. Staff recruitment records confirmed the provider had undertaken all checks, such as Disclosure and Barring Service and obtained all relevant information. This included references, application form, proof of identity and offer of employment.

Staff told us they felt the staffing levels were sufficient to meet people's needs and members of the senior management team provided on-call support at weekends and during the night. The registered manager and staff told us regular staff would be contacted to cover shifts in circumstances such as sickness and annual

leave and if need be they used regular agency staff some of whom had worked at the service for many years. Feedback from people and staff indicated they felt the service had enough staff. One person told us, "They always check on me". A member of staff said, "I wouldn't say we are short staffed. We can be stretched sometimes in the early evening but we can always call the manager and she would come in if it wasn't safe". Our own observations were that staff were on hand at all times to assist people when required, and appeared calm and unrushed in their duties.

The environment was clean, homely and well maintained. A cleaner was employed and cleaning materials and other substances that could be hazardous to health were stored in a locked cupboard. The service had a rolling programme of maintenance works. This included a newly refurbished kitchen and the ongoing redecoration of rooms. The registered manager told us they were in the process of spring cleaning each room. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances and a daily visual health and safety check of the service. Health and safety was a fixed agenda item at team meetings. Minutes from the last team meeting held in March showed that staff had been reminded of the procedures they should follow and the actions they should take in the event of a fire in the night.

People told us they received their medicines on time. Medication Administration Records (MAR) charts reflected that medicines were administered as prescribed and intended. MAR charts are a document to record when people receive their medicines. There was guidance in place for staff to follow in relation to when as and when needed medicines should be administered. Medicines were stored securely in a locked trolley which was attached to the wall.

There were processes in place to protect people from abuse and keep them free from harm, as far as possible. Staff members were knowledgeable in recognising signs of abuse and the related reporting procedures. Staff confirmed they had received safeguarding training and described different types of abuse and what action they would take if they suspected abuse had taken place. Information was readily available to staff about adult safeguarding.

Is the service effective?

Our findings

People received care that was effective and met their needs. People told us they enjoyed living at Wilbury and felt they were well cared for. One person told us "I've been here six and a half years and couldn't wish to be anywhere better. I love it here. The staff and manager are wonderful. It's just perfect". Another person told us "It is difficult to think of anything they could do better". A further person told us they were very happy with the staff and commented "The staff are out of this world". A visiting relative told us "I think people receive fantastic care. I've got no issues what so ever. Everything is very, very good. People are well looked after and the food is lovely".

Without exception everyone we spoke with was complimentary about the food and drink provided. Everyone living at the service at the time of our inspection was able to eat independently and told us they were offered a choice. People showed us the daily menu which was displayed in the dining area informing people of the main meal on offer. They explained that there was always an alternative and that they were encouraged to comment on the meal choices available and what they would like to see on the menu on a day to day basis as well as at residents meetings. The food served at lunch time was home made from fresh ingredients and appetising. One person told us "The food is fabulous. (Cooks name) makes everything from scratch every day, it's delicious".

Most people ate their lunch in the dining room whilst a few people chose to eat in their rooms. The mealtime was relaxed and informal and people clearly enjoyed the social aspects of the experience as well as the food. Visiting relatives told us they were able to join their loved ones for meals in the dining room or in people's own rooms.

Staff members understood the importance of monitoring people's food and fluid intake and monitored for any signs of dehydration or weight loss. We heard staff saying to one person who was not feeling well "Don't forget to drink plenty. I'll pop back later to see how you are". The registered manger told us they had no concerns about anyone's food or fluid intake at that time. They explained that if people were to experience weight loss or weight gain or have any swallowing difficulties then a referral would be made to the relevant healthcare professional straight away.

People commented that their healthcare needs were effectively managed and met. Visiting relatives felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "When my mum was ill and needed to go to hospital they phoned me straight away to let me know. They told me not to worry and dealt with everything and kept me up to date with all the developments. That was really reassuring". Other visitors also told us they were kept informed of any changes in their loved ones' health and they had no concerns about the care they were receiving.

People were supported to maintain good health and received on-going healthcare support. People had regular healthcare checks ups and attended GP or hospital appointments when needed. The registered manager told us, "We have an excellent rapport with the G.P who most of our residents are registered with." The provider worked in partnership with district nurses, the older people's mental health team and the falls

prevention team. Staff told us that as a result of the recent changes in one person's behaviour referrals had been made to the local dementia in reach team who had provided them with advice on how to best support this person. This person had since been assessed as requiring nursing care and was moving to another service.

People's health and wellbeing was monitored on a day to day basis. One member of staff told us, "We write everything up in the daily records and talk about each person what they have been doing and how they are feeling at handover". Daily records confirmed this and detailed whether they required input from healthcare professionals including doctors, district nurses, and chiropodists.

Staff commented they felt sufficiently trained and spoke positively of their training opportunities. Training records confirmed staff received training that was essential in meeting people's needs including first aid, moving and handling, food safety, medication administration, health and safety and infection control. Some staff had also completed training in relation to meeting people's specific needs such as diabetes, end of life care and dementia. Staff regularly attended training provided by the local council and through distance learning. One member of staff told us "We get all the training we need but if you want more you just have to ask (registered managers name) and she will organise it for you".

Staff were supported in their role. New staff had an induction period where they worked alongside more experienced staff. Staff received a yearly appraisal and supervision meetings with the registered manager. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they found supervision and appraisals helpful. They commented that these meetings provided them with the opportunity to raise any concerns or discuss practice issues.

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).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. One person told us "Staff never force us to do anything. It's our choice what we do and don't do". The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. A member of staff told us, "I've had training around the MCA. I always ask people first". DoLS authorisations had been granted for some people; staff knew this and were aware of their responsibility to comply with these authorisations when providing care.

Is the service caring?

Our findings

Everyone we spoke with spoke highly of the caring nature of the staff and the dignity and respect people were shown. Staff had a clear understanding of the principles of privacy and dignity. People were referred to by their preferred term of address and staff knocked on people's doors and waited for a response before entering people's rooms. One person told us, "The staff are really caring and friendly, they treat me with respect, it's like a family hotel." Another person told us "It's quite remarkable how well we all get on, staff included. Everyone says good morning to each other and asks how you are when they pass by. They (the staff) are very, very thoughtful and endlessly good tempered". A further person told us "I'm treated with dignity and respect. Everyone is friendly. We have a laugh and a joke with the staff".

Visitors were welcomed. A relative commented that visiting was not restricted and they were always made to feel welcome by staff, they told us "The staff are genuinely friendly and caring; it's like one big family. I'm always greeted with a smile and offered a cup of tea". Another visitor commented "It's a family, that's how I see it. The staff are really good and particularly caring. They are always really friendly, I can come and go as I want. I don't think they could do anything any better than they are doing. I'm very happy with everything and all the staff".

People were encouraged to treat the service as their own home. One person told us "I like to help out with the gardening. I water the garden with the hose pipe in the summer". They also told us they liked to play records in the afternoon sometimes and encouraged other people to join them and have a dance in the lounge. We saw people moving freely about the service and accessing the garden independently. People had personalised their rooms with their belongings and some had brought small items of furniture to make their room feel like home. People told us and we saw that they were able to arrange their furniture to suit them, for example one person had positioned their bed so that the foot of the bed was against the wall instead of the head of the bed because they preferred to sleep that way. Another person told us they had brought their favourite chair which they had positioned by the window where they liked to sit.

People could do what they wanted when they wanted and were encouraged to maintain their autonomy and independence. One person told us "(Registered manager's name) likes us to do as much as we can for ourselves. It's important for us to be independent as we can be, and she encourages us to do that". Another person told us "They (the staff) don't rush me; they let me go at my own pace. They help me if I need it". People who had been assessed as safe to go out independently could come and go as they pleased. We saw people going out for walks and discussing with staff where they had been. One person told us they enjoyed visiting a local pub and walking round to watch cricket matches at the local cricket ground in the summer months which they did independently. Another person told us they always took their own laundry down to the laundry room and put their clean clothes away themselves.

The service had a stable staff team, the majority of whom had worked there for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. One person told us it was usually the same staff that worked at night and named the staff that worked each night of the week. Another person told us "One of the best things is the continuity of staff and low staff

turnover". It was clear staff had gained an understanding of people's likes, dislikes, personality traits and history. They were able to give a good account of, and showed understanding of the varying needs of the different people we discussed with them. They knew what was important to people and what they should be mindful of when providing their care and support. It was evident the directors knew people well and observed them chatting to people asking how they were and how they had been spending their time. People knew the directors by name and told us they visited on a regular basis. One person told us "(a directors name) comes every Sunday and has lunch with us." Another person told us "(a director's name) is a wonderful person, very kind they all are."

People's personal appearance was maintained and respected by staff. People chose what they would wear and a hairdresser visited on a regular basis. We observed some people having their hair cut and set and thoroughly enjoyed the experience. People were valued as individuals. People and their visitors told us that people's birthdays were always marked and celebrated with a homemade birthday cake and that they received gifts from the provider for example at Easter and Christmas.

People commented they felt able to approach the directors, registered manager or staff members with any questions or queries regarding their care. Records were stored securely within locked cupboards and staff had a good understanding of maintaining confidentiality.

Is the service responsive?

Our findings

People spoke positively about the activities, opportunities for social engagement and stimulation. One person told us, "We have great summer and Christmas parties. (Cooks name) prepares fabulous food, everyone comes, we all enjoy it". Another person told us "We often have things going on downstairs; a pianist comes every now and then, we have talks and films. There are exercise classes and (person's name) plays music in the afternoon sometimes". A relative told us "The parties are great. We had Christmas lunch together here and it was lovely. There's always something going on". A member of staff told us "When the weathers better we take people down to the local pub. We have someone who comes in with animals; we have two lambs coming in next week. They've brought chickens in before, all different breeds, it's very interesting". The registered manager told us and people confirmed that group trips were organised and they had plans for an indoor 'street party' to celebrate the Queens 90th birthday.

The registered manager told us they were always looking for new ideas and tried to provide a varied programme of activities that people would enjoy. They explained they had noticed that although people had told them they liked to keep active and wanted to attend exercise classes the number of people attending these classes had been reducing. They told us to refresh people's interest they had brought in a different person to take the class which resulted in an increase in people attending the class. People we spoke with and records we saw confirmed this.

For people who enjoyed spending time in their rooms, staff recognised the importance of ensuring their social needs were met and promoted. Staff told us that one person who preferred to spend time in their room liked to watch a particular type of programme and they always let them know if a programme of that nature was scheduled to be on television. Another person who preferred to spend time in their room told us, "There's quite a lot organised but I prefer spending time on my own. I go for a walk each morning and I have morning coffee with (person's name) but I like to put my feet up in the afternoon". They also told us staff regularly went in and had chats with them and checked if they needed anything.

People received care, support and treatment when they required it. People and visiting relatives told us staff listened to them and were responsive to their needs. People told us their needs had been assessed and they had been able to visit the service before making a decision to move in. The registered manager explained the first months stay was on a trial basis to give people the opportunity to decide whether they wanted to stay.

Plans of care had been developed from people's initial needs assessment which provided staff with guidance on how to meet those needs. People and their relatives had been involved in the formation of the care plans and kept informed of any changes. Care plans contained personal information, which recorded details about people and their lives. Each section was relevant to the person and areas covered included, mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. They contained information on the person's likes, dislikes and daily routine with guidance for staff on how best to support that individual. For example, they stated the preferred times that people wished to get up and go to bed and whether they

needed any assistance to get dressed and undressed. Most people only required minimal support or supervision with personal care however clear guidance had been written to inform staff exactly which aspects of their care people required support with and how they should provide this support. Staff commented they found care plans were sufficiently detailed and provided them with the information they needed. They told us people were able to tell them how they wanted to be supported on a day to day basis and they were also informed at handover whether anyone's needs or preferences changed.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of people's suggestions. People told us and records confirmed that residents' meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. One person told us "We have meetings; they are pretty informal and relaxed affairs. (Registered manager's name) calls us to order every now and then after lunch; she tells us what she needs to and then we discuss the matters in hand". Records showed that 14 people had attended the last residents meeting which had been held in February 2016 and had included a discussion about the activities provided.

Concerns and complaints were taken seriously and would be acted upon. The provider's complaints policy and procedure contained the contact details of relevant outside agencies and the timeframe of when complaints would be responded to. Complaints that had been made had been investigated and responded to within the provider's own timescales. No one we spoke with had had reason to raise a complaint but told us they would feel confident in approaching the registered manager with any concerns or problems. One person told us "(Registered manager's name) is fantastic. If I had any problems at all I would speak to her and she would sort it out". Another person told us "(registered managers name) and (a director's name) are really good. I'd go to them if I had a complaint".

Is the service well-led?

Our findings

There was a management structure in place which provided lines of responsibility and accountability. The registered manager was in day to day charge of the service, supported by the directors. In the absence of the registered manager, a senior member of staff provided day to day leadership and either the registered manager or one of the directors was on call. Everyone we spoke with told us they felt the service was well-led and run efficiently. People, their visitors and staff all spoke highly of the leadership provided and had confidence in them. One person told us "(Registered manager's name) is inspirational. She's full of beans, extremely caring, very sensitive and practical. There's a good combination of being organised without being obvious. It's very relaxed here". Another person told us "(Directors name) is lovely, an amazing man". A visitor told us "I'm very happy with (Registered managers name) and the management. I don't think there is anything they could do better". Another visitor told us "It's perfect, all the families say so. The atmosphere is fantastic". A staff member told us "I think it's well run". Another told us "I've no concerns at all about the management".

Staff told us they felt supported by the management and that they worked well together as a team. One staff member told us "If there was something bothering me about work or a personal matter, I would speak to (registered manager's name) or one of my colleagues and I know I'd be listened to, there's that comradery. It's a happy ship. I enjoy coming to work". Another staff member told us "(Registered manager's name) is a very good manager. She listens and is very accommodating; if you have a problem she will try to help and get it sorted". A further staff member told us they felt "The best thing about the management is they listen to staff". They also told us "The staff work as a team and we get the job done". All staff told us they felt the management were approachable and they would have no hesitation in raising concerns with them.

Staff spoke about the philosophy of the service being about promoting people to remain independent. One staff member told us "The ethos is for people to maintain their independence, as far as possible". Another told us "The ethos here is promoting people's independence, providing a good standard of care, to be consistent and reliable, for us to show commitment and compassion". The registered manager and two staff members also spoke about the importance of promoting people's independence and commented "This is their home and we work in it".

There were systems and processes in place to consult with people, relatives and staff. Feedback from residents confirmed they felt treated with respect and comfortable living in the service. Regular staff meetings were held which provided staff with the forum to air any concerns or raise any discussions. Feedback we received from the local authority, a visiting healthcare professional and local pharmacy about the service was positive.

Systems were in place to monitor and analyse the quality of the service provided. The registered manager completed internal quality assurance checks, such as audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards which help to identify areas of practice that need to improve. Audits were in place to assess whether their medication and care plans were up to date, complete and accurately reflected people's current care needs. The local pharmacist had

recently completed a medication audit and informed us they were satisfied that required actions had been taken to meet national good practice guidelines.

Policies and procedures were in place which provided guidance to staff members on all aspects of the service, such as infection control, data protection and confidentiality . Staff were aware of the procedures and used them for reference.