Care Providers (UK) Limited

Ashcroft - Bromley

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

This inspection took place on 30 and 31 January 2018 and was unannounced. Ashcroft - Bromley is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashcroft – Bromley accommodates 22 people in one adapted building. There were 21 people using the service at the time of our inspection.

At the last inspection on 27, 28 and 29 November and 05 December 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff had not always received appropriate training. Following that inspection the provider sent us an action plan showing how they planned to make improvements. We undertook a focused inspection on 18 May 2017, to check that they had followed their action plan with regard to staff training and found they complied with the regulations. However, although improvements have been made, we were unable to change the rating of this key question at that inspection. This was because there were other areas such as supervision and appraisals in the key question that were rated as requires improvement at the last comprehensive inspection that we did not look at during the focused inspection.

At this inspection, we found the provider trained staff to support people and meet their needs. People and their relatives told us that staff were knowledgeable about their roles and that they were satisfied with the way staff looked after them. The provider supported staff through bi-monthly supervision and yearly appraisal.

The service did not have a registered manager in post. The previous registered manager left the service in March 2016. However the provider appointed a new manager to run the home. The new manager's application to the CQC to become the registered manager was being processed. 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.

Staff knew how to keep people safe. The service had clear procedures to support staff to recognise and respond to abuse. The manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service and they were up to date with detailed guidance for staff to reduce risks.

The service had an effective system to manage accidents and incidents, and to prevent them happening again. The service carried out comprehensive background checks of staff before they started working and there were enough staff to support to people.

Medicines were managed appropriately and people were receiving their medicines as prescribed. Staff

received medicines management training and their competency was checked. All medicines were stored safely. The service had arrangements to deal with emergencies and staff were aware of the provider's infection control procedures and they maintained the premises safely.

The manager and staff understood their roles and responsibilities under the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS). They had taken action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People consented to their care staff provided them.

Staff assessed people's nutritional needs and supported them to maintain a balanced diet. Staff supported people to access the healthcare services they required, and monitored their healthcare appointments. The manager and staff liaised with external health and social care professionals to meet people's needs.

People or their relatives, where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, caring, and respectful. Staff protected people's privacy and dignity.

The provider recognised people's need for stimulation and social interaction. People had end-of-life care plans in place to ensure their preferences at the end of their lives were met. Staff completed daily care records to show what support and care they provided to each person.

The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

The service sought the views of people who used the services, their relatives, and staff to improve the service. Staff felt supported by the manager. The provider had effective systems and processes to assess and monitor the quality of the care people received which helped drive service improvements. The service worked effectively with health and social care professionals, and commissioners.

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 and their relatives told us they felt safe and that staff and the manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the manger and staff understood.

The service had enough staff to support people and carried out satisfactory background checks on them before they started work.

Staff completed risk assessments for every person who used the service and they were up to date with guidance for staff to reduce risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

Staff were aware of the provider's infection control procedures and they maintained the premises safely. They administered medicines to people safely and stored them securely. The service had arrangements to deal with emergencies.

Is the service effective?

Good

The service was effective.

People and their relatives commented positively about staff and told us they were satisfied with the way they looked after them. The provider supported staff through training, supervision and an annual appraisal, in line with the provider's policy.

Staff assessed people's needs and completed care plans for every person, which were all up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

People consented to their care staff provided them. The manager and staff knew the requirements of the Mental Capacity Act 2005

(MCA) and Deprivation of Liberty Safeguards (DoLS), and acted according to this legislation.

Staff supported people to access the healthcare services they needed. The manager and staff liaised with external health and social care professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind and treated them with respect.

People and their relatives were involved in making decisions about their care and support.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff recognised people's need for stimulation and social interaction.

Staff involved people or their relatives in the assessment, planning and review of their care.

Staff prepared, reviewed, and updated care plans for every person. Care plans were person centred and reflected people's current needs.

People had end-of-life care plans in place to ensure their preferences at the end of their lives were met.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Good

The service was well-led.

People who used the service and their relatives commented positively about the manager and staff.

The service had a positive culture, where people and staff felt the

service cared about their opinions and acted on their feedback to make improvements to the service.

Information about the management of the service was shared with staff through regular meetings to ensure they understood the responsibilities of their roles.

The service had an effective system and process to assess and monitor the quality of the care people received. Action was taken by the provider to drive improvements based on their monitoring of the service.

The service worked effectively with health and social care professionals and commissioners.

Ashcroft - Bromley

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 30 and 31 January 2018 and was unannounced. A specialist nurse advisor, one inspector and an expert by experience inspected on 30 January 2018. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned on 31 January 2018 to complete the inspection.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had 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 improvements they plan to make. We also contacted health and social care professionals involved in people's support, and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection we spoke with four people and ten relatives, nine members of staff, one external healthcare professional and the manager. Not everyone at the service could communicate their views to us so 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 with us. We looked at six people's care records and nine staff records. We also looked at records related to the management of the service such as the administration of medicines, accidents and incidents reports, Deprivation of Liberty Safeguards (DoLS) authorisations, health and safety records, and the provider's policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection on 27, 28 and 29 November and 5 December 2016 we recommended that the provider refers to best practice and current guidance in relation to the safe management and administration of medicines. At this inspection we found staff supported people to take their medicines safely. One person told us, "Yes, they [staff] always give me my medicines on time." One relative said, "Since my [loved one] came here [my loved one] has been a changed person for the better because she is now getting the right medicines at the right time."

The provider had a policy and procedures which gave guidance to staff on their role in supporting people to manage their medicines safely. Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperature to ensure that medicines were stored within the safe temperature range.

We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate when reviewed against the stocks of people's medicines. The service followed the provider's procedures for administering medicines covertly where this was in people's best interests and records showed appropriate guidance had been sought from a GP and pharmacist on how to safely administer covert medicines where this was required. The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave an explanation of when medicines should be given, the signs to look out for in the person, which meant they would need the medicine, the required dosage and how often the dose should be repeated. The service followed the legal requirements for managing Controlled Drugs (CDs). The service had process and procedures for the safe disposal of unused medicines. Unused medicines were disposed in a secure disposal bin and returned as appropriate.

People and their relatives told us they felt safe and that staff and the manager treated them well. One person told us, "Yes, I do feel absolutely safe here." Another person said, "Yes, I feel safe because I have my own room and the staff checks on me regularly." One relative commented, "My [loved one] definitely feels safe." Another relative said, "My [loved one] is very happy and we know someone will be there for her."

The service had a policy and procedure for safeguarding adults from abuse. The manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary. The manager told us that there had not been any safeguarding concerns since our previous inspection in December 2016. This was further confirmed by the local authority safeguarding team. Staff we spoke with told us they completed safeguarding training and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to.

There were enough staff on duty to help support people safely in a timely manner. The manager carried out

a regular review of people's needed in order to determine staffing levels which met people's needs. Records showed that staffing levels were consistently maintained on both the ground floor and first floor units, to meet the assessed needs of the people. The manager told us if they needed extra support to help people, they arranged additional staff cover by using staff rota or the agency. Staff rotas we saw confirmed this. The service had a call bell system for people to use when they required support and we saw staff responded to requests in timely manner. Records also showed that staff carried out hourly checks for people who could not use the call bell, to ensure their needs were met.

The provider carried out comprehensive background checks of staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment histories, references, criminal records checks and proof of identification. We also saw checks had been made on the registration of qualified nurses with their professional bodies to ensure their suitability.

Staff completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included around manual handling risks, falls, eating and drinking, pressure sore prevention and wound care. Risk assessments were up to date with detailed guidance for staff to reduce risks. For example, where one person's skin integrity had been identified as an area of risk, control measures had been identified which included the use of pressure relieving equipment. One relative told us, "My [loved one] is always clean and well turned out." A member of staff told us they monitored people's skin daily. Daily monitoring charts we saw confirmed this. In another example, we saw guidance in place from the Speech and Language Therapy (SALT) where one person had been identified as being at risk of choking. We observed staff following this guidance and providing appropriate support to the person during a lunchtime meal in order to manage risk. We observed during the lunch time that people were getting the correct diet when needed. Records further confirmed that staff followed the prescribed guidance.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accidents and incidents records which were reviewed by the manager in order to ensure improvements to people's safety. For example, records showed that one person had referred to their GP for advice about managing their skin integrity after they had sustained a skin tear. We noted that their care plan had subsequently been updated to include further guidance for staff on how best to support them, and records showed that this had been discussed with staff during a staff meeting.

Staff kept the premises clean and safe. They were aware of the provider's infection control procedures. Bedrooms and communal areas were kept clean and tidy. We observed Staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. One member of staff told us, "We wash our hands before and after any procedure. We use protective materials like gloves and aprons when necessary, and do not use them across the rooms or from one resident to another, to prevent transferring infection." Staff and external agencies, where necessary, carried out safety checks for environmental and equipment hazards such as hoists, and safety of gas appliances.

The service had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require to evacuate from the service. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Good

Is the service effective?

Our findings

At the last inspection on 27, 28 and 29 November and 5 December 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found staff did not always receive appropriate training. Following that inspection the provider sent us an action plan showing how they planned to make improvements. We undertook a focused inspection on 18 May 2017, to check that they had followed their action plan with regard to staff training and found they complied with the regulations. However, although improvements have been made, we were unable to change the rating of this key question at that inspection. This was because there were other areas such as supervision and appraisals in the key question that were rated as requires improvement at the last comprehensive inspection that we did not look at during the focused inspection.

At this inspection, we found the service had made improvements. People and their relatives told us they were satisfied with the way staff looked after them, and that staff were knowledgeable about their roles. One person told us, "Yes, I cannot fault them." Another person said, "They [staff] do understand my care needs." One relative commented, "They [staff] definitely understand my mother's care needs. Staff seem to know what she wants, despite her lack of communication. Staff are brilliant; understand her completely." Another relative said, "They [staff] have done a brilliant job. [Their loved one] was in a sorry state on arrival, but the staff have turned it all around."

The provider trained staff to support people and meet their needs. Staff told us they completed one week comprehensive induction training, when they started work. The manager told us all staff completed mandatory training identified by the provider. The mandatory training covered areas from allergen awareness, basic life support, food safety, health and safety, infection control to moving and handling and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us the training programmes enabled them to deliver the care and support people needed. The service provided refresher training to staff as and when they needed. Staff training records we saw confirmed this.

Records showed the provider supported staff through bi-monthly supervision and yearly appraisal. Supervision included discussions about staff members' wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and were able to approach their line manager, and the manager, at any time for support. One member of staff told us, "I look at my goals, what I have worked well on, my training needs and any absences. Supervision is useful; you learn different things. When my supervisor praises my good work, I feel good and motivated."

Staff carried out a pre-admission assessment of each person to determine the level of support they required, which involved feedback from relatives, where appropriate. This information was used as the basis for developing personalised care plans to meet their individual needs.
The Mental Capacity Act 2005 (MCA) provides 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 provider 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 manager was aware of the DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised we found that the provider was complying with the conditions applied on the authorisations.

Staff asked for people's consent, where they had the capacity to consent to their care. Records were clear on people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. For example, one member of staff told us, "I tell them before giving care that I'm going to give you a wash or I'm going to give your personal care, when they say yes, then I do."

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate. For example about their specific healthcare needs in relation to having bed rails and staff administering medicines covertly for those who needed.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People and their relatives told us they had enough to eat and drink. People told us the food was, "lovely". Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff on which people needed soft or fortified diets, Staff told us there were alternatives available if people did not like what was offered on the day.

The service protected people from the risk of malnutrition and dehydration. Staff completed nutritional assessments for each person and monitored their weights as required. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. We saw during the inspection that staff ensured people were kept hydrated, juices and snacks were available and offered.

People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed. We observed staff providing support to people who needed help to eat and drink. They had meaningful conversation with people, and helped those who took their time and encouraged them to finish their meal.

Staff supported people to access healthcare services. One relative said, "When my [loved one] came in she was in a dreadful state, bedsores, poor nutrition. She has put on weight. Thank God, I found this place. Overall, it's brilliant." Another relative said, When my [loved one] came in, [their] life expectancy was 3 – 6 months; she has been here for two years. The effort made by the staff to keep my [loved one] is fantastic. I

have nothing but praise for this place."

The service had strong links and worked across with local healthcare professionals including a GP surgery, district nurses, tissue viability nurse and dietician. A member of staff told us "We monitor people's vital signs regularly and we act promptly if there is any concern. We follow recommendations from the healthcare professionals including GP, Speech and Language Team (SALT) and dietician". A GP visited the home every week to review people's health needs and as and when necessary. We saw the contact details of external healthcare professionals, specialist departments in the hospital, and their GP in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed. A visiting healthcare professional told us, "We have information in advance from the home to look at patients' health. Nurses and care staff are very competent, they are very good. We have good communication with staff they follow our instructions straight away."

The service met people's needs by suitable adaptation and design of the premises. There were Door guards on all the bedrooms which automatically released in the event of fire. People's bedrooms were personalised and were individual to each person. Some people had bought personalised items from home which had been used to make their rooms familiar and comfortable. We observed people moving freely about the home. The communal area is an open plan, which ensured staff could see people from their office rooms. Access to the building was controlled to help ensure people's safety.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and treated them with respect. One person told us, "Staff are very kind and caring." Another person said, "The staff are very kind and considerate, and treat me with respect." One relative told us, "They [staff] are absolutely kind and caring. Actually they love [their loved one]. They treat my [loved one] as one of their own. The staff are lovely people." Another relative said, "The first time I walked in I fell in love with the place. It is one big family. They are very loving; lots of holding hands."

We observed that staff communicating with people in a caring and compassionate manner throughout the time of our inspection. Staff took time to talk to people on a one to one basis, talking gently and in a dignified manner. They pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

Staff involved people or their relatives in the assessment, planning and review of their care. One relative told us, "They definitely understand my [loved one's] care needs. I was fully involved in drawing up the care plan and staff always tells me if they need to change care protocols, for example how to move her." Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service. For example, one person told us, "I am very fond of them. One carer talks to me about their allotment which is great because I used to have an allotment. I am very happy here. The staff are very friendly. I get on with everyone."

Staff respected people's choices and preferences. For example staff respected people's decision around where people preferred to spend time in their own room, lounge, and walk about in the home. One relative told us, "Without a doubt my [loved one's] condition has improved. They [staff] have managed to persuade her to come down stairs and even into the garden." One member of staff told us, "I ensure people's choices are respected, such as clothes, juice, and if they would like to stay in bed or come into the lounge." Staff were aware to use people's preferred form of address, as recorded in their care plan.

People and their relatives told us staff treated them with dignity, and that their privacy was respected. One relative told us, "Yes, they [staff] do show respect, even to the point where they will ask me (family member) to wait outside while they give her personal care." We saw staff knocked on people's bedrooms before entering people's rooms and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw examples of staff helping them to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

Staff recognised people's need for stimulation and supported people to follow their interests, and take part in activities. The service employed an activities coordinator who arranged activities on a daily basis. These included bingo, music, arts and crafts and chair exercises. Staff also visited people confined to their beds and read books to them. We observed people reading newspapers, enjoying arts and crafts, and music activities. People responded positively to these activities, for example, we observed people engaged in a musical activity, singing along whilst smiling and laughing.

Staff had developed care plans for people based upon their assessed needs. These contained information about their personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included dependency assessments which identified the level of support people needed in areas including as well as identifying the things they could manage to do by themselves. Care plans were reviewed on a regular basis and reflective of people's current needs.

Staff completed daily care records to show what support and care they provided to each person. They also completed a diary which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. he service used a communication log to record key events such as changes to health and healthcare appointments for people. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

People received appropriate end-of-life support. Records showed people's end-of-life preferences had been discussed with them, and care plans developed to ensure their preferences in this area were met. The service worked with staff from the local hospice where appropriate to ensure people's end-of'-life needs were met. Staff had also completed end-of-life care training. One staff member told us, "I completed six months end-of-life training and it had improved my skills." A visiting healthcare professional told us, "The manager and staff team are good and they do a good assessment of people's needs. They seek timely support from the GP, palliative care team and the hospice as appropriate." People had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate.

People's care plans included details about their ethnicity, preferred faith and culture. The manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff showed an understanding of equality and diversity. One member of staff told us, "Everybody is treated equally, getting the same opportunity of care; we make sure their likes are respected always." Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend a Church service, in order to meet their spiritual needs.

People and their relatives told us they knew how to complain and would do so if necessary. None of the

people we spoke with had needed to complain. One relative told us they had made an informal complaint, but this had been resolved quickly and amicably. The provider had a clear policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint. The manager told us that there had been no formal complaints received since the previous inspection in December 2016. Records we saw further confirmed this view.

Good

Is the service well-led?

Our findings

At the last inspection on 27, 28 and 29 November and 5 December 2016 we found that there was no registered manager and that the quality monitoring process required improvement. At this inspection we found improvements had been made.

People and their relatives commented positively about staff and the manager. One relative told us, "This [home] is definitely well run. Overall, 10 stars." Another relative said, "The management is above excellent. We are so lucky." A third relative commented, "It's very well managed. The staff are very approachable. We have seen some amazing progress during the past year."

The service did not have a registered manager in post. The previous registered manager left the service in March 2016. However the provider appointed a new manager to run the home. The new manager's application to the CQC to become the registered manager was being processed. 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 manager had detailed knowledge about each person living at the home, and made sure they kept staff updated about any changes to people's needs. We saw the manager interacted with staff in a positive and supportive manner. Staff described the leadership at the service positively. One member of staff told us, "The manager is easy to communicate with, and explains to us what to do, and how." Another member of staff said, "The manager is nice and has supported me with writing (spelling) care notes." A third member of staff commented, the manager is effective but needs to be either be firm with staff or sit with them and discuss to resolve any staff issues. They further said that these staff concern had not impacted on the quality of care and treatment given to people. We discussed this matter with the manager. The manager had assured us that they have already discussed about it with the provider and they have explained to us how they planned to resolve any particular staff issue.

The manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. Records of staff meetings showed that areas discussed had included details of any changes in people's needs, guidance to staff about the day to day management of the service, discussions about co-ordinating with health and social care professionals. Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and, risk assessments, food and nutrition, infection control, and weekly phone monitoring by the manager of the night shift, including the manager covering a night shift on a six monthly basis. As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were up to date, and the premises had

been redecorated where required.

The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions. The provider sought people's views through the use of satisfaction surveys. We found most of the responses were good. For example, one person commented, "The home and staff are fantastic my Mum is not only cared for but treated by staff as if she was a member of their own family." As a result of the survey feedback the provider had made improvements for example, more staff attend to phone calls and redecoration of the premises was carried where required. The manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. Areas discussed at these meeting included menus, activities, care plan reviews and redecoration of the premises. As a result of these meetings the provider made improvements to activities. We observed that people, relatives and staff were comfortable approaching the manager and their conversations were friendly and open.

Care records we saw showed that the service worked effectively with health and social care professionals, commissioners, hospice, speech and language therapist, and the hospital. One healthcare professional told us, "The manager and staff work as a good team. The service is well run; very efficient and has really good links with healthcare professionals." They further told us that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.