Ashtonleigh Homes Ltd

Ashtonleigh

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on the 5 and 8 May 2015 and was unannounced.

Ashtonleigh is registered to provide accommodation and personal care for up to a 43 people and there were 36 people living there when we inspected. They specialise in providing care for older people some of whom live with dementia. There are 14 bedrooms on the ground floor with en-suite wet rooms. Bedrooms on the first and second floor are accessed via a shaft lift or stair case.

There is a dining room and a large conservatory on the ground floor and a small quiet lounge situated on the middle floor. There is level access to the garden at the rear of the property.

The home is managed by 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.'

Summary of findings

People were positive about the home and were able to see their friends and families as they wanted. All the visitors we saw told us they were made welcome by management and staff and some referred to Ashtonleigh as being "Home from home". Everyone we spoke with liked the home cooked food and told us there was a choice of what and where to eat at meal times. One person said "The food's great" another said "It's usually pretty good the food and it's nice to have it cooked for you, I often have a boiled egg for breakfast".

Staff knew the people they were supporting and were aware of their personal preferences, likes and dislikes. Care plans were in place detailing how people wished to be supported and people and or their representatives were involved in making decisions about their care. Where people lacked the capacity to make specific decisions they were being supported to make decisions in their best interests. They were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required.

People and their visitors described staff as being kind, patient and considerate. One person told us "They are kind the staff". A relative referred to staff as "Very caring, like family". We heard staff referring to one person as "Grandma" as she preferred to be called.

It was clear that people enjoyed the group activities on offer and the weekly visit by entertainers. The activity person spent one to one time with people that did not want to join group activities and religious ceremonies were held once a month. A reminiscence area had been initiated in the lounge specifically to help engage and stimulate people living with dementia.

People told us there was enough staff to meet their needs. One person said "I ring the bell for assistance and they come quite quickly. They don't rush me". A visiting relative said they felt "There are enough staff and they know what they are doing" However there was no formal system for assessing and reviewing the skill mix and number of staff needed to support people safely. We identified this as an area that required improvement.

Systems for recruiting new staff included security and identity checks and at least one reference from a previous employer. Staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to the registered manager or senior member of staff.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. They felt supported within their roles, describing an 'open door' management approach, where the registered manager, deputy managers and company directors, were available to discuss suggestions and address problems or concerns. One member of staff described the registered manager as, "Very supportive to me and all the staff, they are very good".

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. A visitor told us their relative, who lived with dementia, had had several falls since moving in but could never tell them how the fall had happened. They told us the staff always explained "who, what, when where and how." They said the staff "Have been superb about her falls and how they are going to deal with them." Risks associated with the environment and equipment had been identified and managed and emergency procedures were in place in the event of fire.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. People, their visitors, health care professionals and staff were all encouraged to express their views and complete satisfaction surveys. Feedback received showed a high level of satisfaction overall. Any areas identified as in need of improvement had been addressed.

Summary of findings

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 consistently safe.

People's medicines were obtained stored and administered safely however there was a lack of clarity and guidance for staff to follow when administering PRN medicines.

Staffing levels were sufficient. However there was no formal system for monitoring and reviewing staffing levels and staff skill mix to make sure they continued to be able to meet people's needs.

Recruitment systems included security checks and at least one reference from a previous employer.

Risks to people's safety were minimised and people were protected from abuse. Accidents and incidents were recorded and responded to appropriately and action taken to minimise the risk of reoccurrence.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs including those who were living with dementia. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their specific needs.

Staff supported people with their health care needs. They liaised with healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were patient and kind and respectful of people's privacy. People's decisions in relation to activities of daily living were respected by staff.

Visitors were welcomed into the home and there were no restrictions on when people could visit.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and supported people to participate in activities that they enjoyed.

People new who to speak to if they had a compliant. Complaints had been recorded and investigated appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable raising concerns.

The registered manager monitored the quality of the service provided and regularly checked people were happy with the service they were receiving. Feedback from people was used to drive improvement in the home.

Ashtonleigh

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 the 5 and 8 May 2015 and was unannounced and was carried out by two inspectors.

In May 2013 our inspection of the service identified a breach of legal requirements in relation to the administration of medicines. The provider sent us an action plan detailing the steps they would take to make the improvements needed. When we returned to the service in November 2013 to complete a follow up inspection and check what the provider had told us, we found the breach had been resolved.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with nine people who lived at the home, six visitors, two visiting health care professional, two directors of the company, the registered manager, two deputy managers, three senior health care assistants, four carer workers, an activity organiser, a cook and a cleaner. We observed staff supporting people in communal areas of the home and lunch being served in the dining room and in the lounge.

We looked at a range of records relating to people's care and the management of the home including; nine people's care plans and risk assessments, everyone's medication administration records, food and fluid charts, resident meeting minutes, the home's newsletter, people's daily records, records of activities, residents, relatives, professionals and staff survey results, accident and incident records, quality assurance documents, five staff recruitment files, deprivation of liberty safeguard referrals, staff training records, records of complaints, staff meeting minutes, staff supervision and appraisal records, records relating to the servicing of equipment, maintenance records, staff communication book, staff diary, staff duty rota's and a selection of policies and procedures.

Requires improvement

Is the service safe?

Our findings

People and their visitors told us they felt safe and raised no concerns about their safety. We asked a relative if they felt their loved one was safe and they replied "Oh yes definitely - She would be able to say if something was wrong". Another visitor told us "She would let it be known if there was something wrong. She has never complained that she had been hurt or was scared". Another relative said they had never seen anything that made them concerned at all about their loved one's safety or they would have raised it immediately. They explained they had often heard one person, who lived with dementia, shouting out for help but that staff had always responded to them quickly, calmly and patiently. Our observations of the care provided confirmed this.

Steps had been taken to minimise risks to people wherever possible without restricting their freedom. These included nutrition and hydration assessments to establish whether a person needed specialist equipment to eat and drink independently. Skin integrity assessments to assess the risk of a person developing pressure areas (pressure sores) were completed and preventative measures such as pressure relieving equipment was in place for people at risk. Moving and handling assessments to establish whether people needed support to move had been completed and identified equipment people needed to move as safely and independently as possible. People told us and we saw equipment being used to help some people to move. Staff were knowledgeable about this equipment and how to use it safely.

Falls risk assessments had been completed for each person and details of how the risk of each person falling could be reduced were detailed. A visitor told us their relative, who lived with dementia, had had several falls since moving in but could never tell them how the fall had happened. They told us the staff always explained "who, what, when where and how." They said the staff "Have been superb about her falls and how they are going to deal with them."

We observed staff supporting people to keep them safe, for example we saw that staff walked to the side of one person as they walked along the corridor. This person's assessment stated they could walk with the aid of a walking frame but did require supervision and encouragement. We saw people were assisted to the dining table at lunch time and provided with the equipment they needed to eat and drink safely and independently. Staff wore protective clothing and equipment when needed to protect people from the risk of infection and cross contamination.

Staff were aware of what constitutes abuse and had completed relevant training. The registered manager was aware of recent changes to the local safeguarding protocol and was in the process of sourcing training for all staff to update their knowledge. Two members of staff were aware there had been changes and could get the information from the local authorities web site they would inform the registered manager or senior member of staff on duty if they suspected abuse had taken place. Thorough investigations had taken place when staff had raised whistle blowing concerns and disciplinary procedures had been followed when required.

People we spoke with and visitors to the home told us they felt there were enough staff to meet people's needs. One person told us "I ring the bell for assistance and they come quite quickly. They don't rush me". A visiting relative said they felt "There are enough staff and they know what they are doing". Both the day and night staff told us they felt there were enough staff. One staff member said "Usually on days the majority of people are up. We are not under a massive pressure in a morning to get people up". A night staff member said "There are usually four of us on at night and that's enough. We help people get up when they are ready. Not everyone needs a lot of help; we just need to check on some people."

The registered manager told us they based the number of staff deployed each shift on an assessment of people's needs and the skills staff needed to support them but they did not keep a record of this. They told us they oversaw the planning of the staff duty rotas and worked closely with the senior members of staff to make sure the staff skill mix and staff numbers deployed were sufficient to meet people's needs. We saw from the records there was a senior member of staff on duty and a member of the senior management team on call at all times. However there was no formal system for determining, monitoring and reviewing the number and skill mix of the staff needed on duty to support people safely. Therefor there was the potential for the need for an increase in staffing levels or a change in the staff skill mix needed to go unnoticed, particularly if people's needs changed. This is an area we have identified as requiring improvement.

Requires improvement

Is the service safe?

People, their visitors and health care professionals told us they had no concerns about the administration of people's medicines. One person told us that staff managed their medicines for them they said "I have one tablet at 9 am, two at midday then another in the evening. They bring them to me on time". We observed a member of staff administer people's medicines as per the home's medications policy and completed the relevant records. We saw that medicines were stored securely and that the procedures for ordering and checking of medicines was safe. When errors in administering or recording of medicines had occurred these had been identified and appropriate action had been taken.

Some people had been prescribed PRN as and when required medicines. Whilst we did not identify any concerns in relation to when these medicines had been administered, we could not see that the home's own policy in relation to having a protocol for administering PRN medicines drawn had been adhered to. The policy stated the PRN protocol should be drawn up by the nurses however it was not clear which nurses the policy was referring to. This is an area we identified as requiring improvement.

The provider had taken steps to make sure the environment and the home's equipment was safe for people. A personal evacuation plan was in place for each person in case of an emergency. Safety checks had been completed for the home's equipment which had also been serviced as needed. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. Investigations into recorded accidents and incidents had taken place.

Checks had been completed to make sure staff were suitable to work with people living at the home. Staff recruitment processes included the completion of identity and security checks. At least two references were in place, one of which was from a previous employer, and all checks were completed before people started work.

Good

Is the service effective?

Our findings

People received effective care and support. People told us they got the help they needed and said they were looked after well by the staff. One person said, "I've no complaints about the staff. When I've had enough they'll put me to bed. They (staff) know what they are doing". Another person said "They do really help you". Relatives also told us they thought the staff were capable and were able to meet their needs of their family members. One visitor told us in their opinion the staff were "excellent" another highlighted that the registered manager was "Fantastic, very good with everyone" and "I don't know what I'd have done if I hadn't found this place".

We heard people being offered the choice of eating their lunch at one of the dining tables in the dining room or in the conservatory. We saw there was a choice of meals and that some people were served their food on a tray in their own rooms. People were provided with the assistance they needed and there was lots of interaction between people and staff. People told us the food was good. One person said "The food's great" another said "It's usually pretty good the food and it's nice to have it cooked for you, I often have a boiled egg for breakfast". Another commented "Quite good food and you can order what you want." A visitor told us the food was good and the staff were "Good at getting her (their relative) to eat". Each person's nutrition and hydration needs assessment was available to staff and to the cooks who were aware of people's special dietary needs and preferences.

Hot drinks were provided at set times throughout the day as well as and when requested. There was a jug of water or squash in each person's room and in the communal areas of the home for people to help themselves to. Staff told us people's views on the food provided were sought on an ongoing basis through general discussion and at residents meetings. People were asked if they would like to try different foods or make suggestions to add to the menu.

People's health care needs were monitored and support from relevant healthcare professionals was sought when needed. Two visiting health care professionals confirmed that the staff contacted them when needed and carried out any instructions they gave. Each person was registered with a GP and the GP from the local surgery visited every week. The GP told us that staff contacted the surgery in advance to let them know who needed a visit and what their medical need was. They explained a member of staff always came with them during their visits to the home to take record of any advice and instructions given. They confirmed that district nurses from the surgery also visited the home and said they had no concerns about the delivery of care.

We saw daily records detailed how people were feeling and any changes to health were noted and acted on. For example one person's records detailed they had sustained a skin tear. The district nurse had been contacted, visited them and applied a dressing to the wound. It was clear that referrals had been made and input sought from a range of health care professionals such as the falls prevention team, a Speech and Language Therapist and a Community Psychiatric Nurse when needed.

At a staff handover we heard staff informing the next shift that one person had not slept well so maybe sleepy that day. They also spoke about another person for whom hourly observations had been completed following a fall and the need to monitor this person. This demonstrated that people's health was being monitored and information about their health and wellbeing was being communicated effectively between staff.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. They went through an effective induction programme which allowed new members of staff to be introduced to the people living there whilst working alongside experienced staff. The registered manager said new members of staff didn't work unsupervised; until they were competent and felt confident to do so. Staff confirmed this when we spoke with them.

Staff completed the training they needed to support people safely and effectively. The majority of the care staff had obtained a nationally recognised qualification in care and had completed training in supporting people living with dementia. Staff explained this had help them to understand how to tailor their approach when supporting people with dementia for example by making sure they were at eye level with the person and that they spoke clearly.

Senior members of staff commented that when they completed training they shared what they had learnt with the rest of the staff team. Staff were supported to complete training in subjects that were of interest to them and would

Good

Is the service effective?

help them meet the needs of individuals living at the home. One member of staff told us they had completed some distance learning on food and nutrition. They said this had heightened their awareness of diabetes and blood sugars and the importance of and when to do urine dip to check for an infection. They told us they often had quizzes on subjects they had completed training in to test their knowledge.

Management supervised staff by observing them delivering care and recording what they saw and heard. They explained they usually have a theme for example checking that staff are seeking consent and referring to people by their preferred term of address or observing mealtimes and then feed back to the member of staff things they did well and areas they could improve in. They said they sometimes also did this with a group of staff. The aim was for staff to learn and develop. Staff confirmed this and told us that they found the process useful.

Staff told us they could speak with their line manager to request training or to have a private discussion about their own welfare and personal development. The registered manager and other senior staff confirmed this but told us they did not keep a record of these discussions. The registered manager told us they would add a box to record the discussions they had to the supervision feedback forms.

Staff understood the importance of gaining consent from people before delivering care and respecting people's decisions if they refused, declined or made decisions that may place them at risk. One person who was living with dementia was identified as at risk if they drank alcohol. The risk had been explained to the person and they had been assessed as having the capacity to understand the risk. After considering the risk this person had decided to continue to have a drink with their main meal of the day as they always had done.

Management and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty they are authorised by the local authority as being required to protect the person from harm. People had their mental capacity assessed when needed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully.

Other staff demonstrated they followed the MCA code of practice and told us they had received training on the MCA and DOLS. They were aware of the DoLS that was in place for one person and that an urgent request had been sent for another person. They told us they could find out more by looking in people's care plans.

Good

Is the service caring?

Our findings

People and visiting relatives were all extremely positive about the home. Several people commented on how homely Ashtonleigh was and it was described as 'home from home' by three relatives. Another relative said "It has a family feeling that mum could relate to. It's a proper home not 'A home'". Visiting healthcare professionals were also positive about the warm atmosphere and friendliness of the staff.

Comments on the home's own quality assurance survey completed by relatives included; 'We are pleased with dads care it is professional and caring', 'Very caring staff', 'Extremely kind and caring staff', 'Extremely compassionate staff', 'Pleased with the friendly staff'. In answer to the question are staff compassionate? One person had written 'I've seen this many times on my frequent visits.'

People were treated as individuals and were able to do what they wished, making their own decisions supported by staff where needed. One person told us "They leave you to do what you want to do". A visiting relative said their loved one liked to sit in the corridor to watch people coming in and that staff chatted to them as they went by. They explained how a member of staff had helped their relative settle in by spending one to one time with them. They also commented their relative had a "Lovely room, clean" and that their relatives clothes were "Looked after". At a staff hand over we heard one person who was up and dressed had declined all support from staff that morning and got washed and dressed independently. As part of the handover it was agreed that the day staff would offer this person help with their appearance and personal care needs.

The staff were supportive and caring and knew people well. They interacted in a meaningful way and had a rapport with people which they enjoyed and responded to. One person told us "They are kind the staff". A relative told us they thought the staff were "Very caring, like family". We heard staff referring to one person as "Grandma" when we asked them about this they told us that is what she preferred to be called.

People's rooms were personalised with their belongings and memorabilia. One person' relative explained their relative did not like to leave their room and that it upset them if staff removed items they wanted to keep such as dirty tissues. They explained they and the staff worked together to remove items from the room when they could without upsetting their relative. Another relative told us how their mother liked to have her hair done each week by the visiting hairdresser and have her nails painted by her own beautician that came to the home.

Staff spoke about people's life history, likes and dislikes. They told us about one person who had once worked in an office environment and liked to be surrounded by their paper work in their room. The staff explained this person had brought with them lots of their personal papers which they 'worked on' during the day.

People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family coming and going and being welcomed by staff. One visitor told us their relative was reaching the end of their life. They explained the registered manager and staff had encouraged them to spend as much time as they wanted to with their loved one. Staff had said to them this meant they were welcome to come in and join them for meals, activities or visit at any time of day. This relative said this had meant a lot to them and they felt that the staff genuinely cared about the people that lived there.

The registered manager and other senior staff were seen meeting with people's visitors throughout the day, providing emotional support and talking through any changes to the people's health and wellbeing. Relatives told us they felt involved in their loved one's care and were kept informed of any changes.

Feedback from people and their relatives about privacy and dignity being respected was positive. Care staff knew they should keep the door closed when supporting people with personal care and knock on doors before entering and most of the time we observed they did this.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. Pre-admission assessments were then used in the formation of the person's care plan. Care plans included the support people needed for theirs physical, emotional and social well-being needs to be met and were personalised to the individual. One visitor told us the registered manager had visited their relative at home on two occasions to assess their needs. They said they had been present at one of these occasions to help their relative who was living with dementia to answer questions they had not been able to remember.

Staff told us about how the registered manager and a senior member of staff had visited a person in hospital to reassess them before they were discharged. They explained this was to make sure they were still able to meet this person's needs and to make sure the person's risk assessments and care plans reflected the change in their needs.

Information was readily available on people's life history, their daily routine and important facts about them. This included people's food likes and dislikes, what remained important to them and daily routines such as their preferred times for getting up and going to bed. Night staff told us they were aware of these plans but that people could get up whenever they wanted. They said they checked with people as they woke up and always asked if they were ready to get up.

People commented they were able to make their own decisions and these were respected by staff. One person told us, "I pretty much do what I want when I want. I get up and go to bed when I feel like it." A visitor explained that it was their loved one's decision to stay in their room.

It was clear from what people told us, our observations and the records we saw there was a varied programme of activities on offer that people enjoyed. These included group activities such as; skittles, marbles, word games, bingo and reminiscence, one to one activities such as crossword puzzles, knitting, arts and crafts and reading with the activity organiser and visiting entertainers such as singers and musicians. People told us they also enjoyed outings in the home's mini bus to places such as the garden centre and theatre. We were told three people were going with staff to see a John Denver tribute concert in the mini bus and other such trips were in the planning.

People spoke highly of the opportunity for activities and social engagement when the activities person as on duty. One person told us, "There's always something to do." However people also commented that there was not much to do when the activities organiser was not on duty. The registered manager said they recognised they needed to make arrangements for the activity organiser to be covered when they are on leave from work.

We were told and we saw that one corner of the lounge was being transformed into a reminiscence area. There were pictures on the wall of times gone by and of items of clothing from the 1940's, 50's and 60's. Staff told us this was to help stimulate the memories of people who were living with dementia and engage them in conversation.

We saw a copy of the latest newsletter which gave details of up and coming events including the names and dates of the entertainers that would be visiting the home over the next month. It also stated visitors were welcome to come along to join in. It informed people a reminiscence corner was to be set up in the lounge and asked if people any old items they wished to display to feel free to bring them in. On the second day of our inspection we saw this being put together by the activity organiser and that people were interested in the pictures on display.

A communion service and a Baptist church hymn service were both held once a month. One person told us they always attended the hymn services and really looked forward to them. People's birthdays were celebrated and families and friends were encouraged to come in and enjoy these and other special occasions with their relatives. We saw photographs of different events that had taken place over the last 12 months including the annual BBQ celebration in July and the Christmas party. It was clear from our conversations that these celebrations were something people both looked forward to and enjoyed.

People told us they felt able to raise concerns with the staff and management and felt they were listened to. Complaints had been documented and responded to. A visitor that had raised a complaint on behalf of their relative confirmed they were satisfied with the outcome and felt that they had been listened to.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive about the registered manager and their leadership. One member of staff described the registered manager as, "Very supportive to me and all the staff, they are very good". Another staff member referred to the registered manager as "Very hands on, will do anything that we do." And "honest. If there is a problem they would want to know about it and they would deal with it". A visitor said "They are fantastic, very good with everyone".

There was a clear management structure in place. Staff members were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles and described an 'open door' management approach. The registered manager and the company directors were seen as approachable and supportive, taking an active role in the running of the home. People appeared very comfortable and relaxed with them and told us that both directors visited the home two or three days a week. A relative referred to the culture of the home as being "Very open".

The home's web site states 'At Ashtonleigh we strive to deliver the best possible care to the residents based on their individual needs and believe that Ashtonleigh will become the resident's home from home'. It was clear from our conversations with people's relatives that they did feel Ashtonleigh was home from home. All the staff including the registered manger told us people came first and it was apparent from our observations this philosophy governed the day to day delivery of care. One staff member told us, "its person centred here we help people to do what they want." Another staff member told us, "its people's own choice to do what they want and we are here to help them".

People, their relatives and the staff were involved in developing and improving the service. Resident meetings were held throughout the year. These provided people with the forum to discuss any concerns, queries or make any suggestion. Satisfaction surveys were also distributed to people and their relatives, professionals involved in people's care and staff that worked at the home to obtain their feedback on the running of the home. Feedback from relatives on the last survey included, 'signs on the doors would be helpful' the registered manager told us and showed us they had already started to action this point.

One of the company directors told us another improvement that had been made as a result of feedback from people and their relatives was the purchase of the minibus.

Staff told us they were happy in their work and were motivated. One staff member told us, "We have staff meetings where we can discuss things. It's very relaxed here I feel it's easy to speak at meetings." Staff felt able to approach the registered manager about anything and said they enjoyed their work. All the staff we spoke with told us they were aware of the home's whistle blowing policy and felt confident they would be listened to. We saw a notice which invited people to come and speak with the management about any of the issues that had been raised on a TV programme where a hidden camera had been used to film in a care home. We also saw a notice for staff asking them to contact the registered manager or one of the directors if they had any concerns.

There were various systems in place to monitor or analyse the quality of the service provided. Regular audits were carried out in the service including health and safety, environment and care documentation. Any shortfalls identified were noted, with a plan of action. Subsequent audits identified whether the shortfalls had been addressed and rectified. Accident and incident forms were collated and analysed. Details of where and when people had fallen were maintained. This helped the management to establish whether there were any themes for example to the times and places people fell, learn and take action to reduce the risks of reoccurrence.

The company directors and registered manager recognised the importance of staff continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. They told us they actively encouraged staff to progress to more senior roles within the company and for staff to complete training in areas that interested them. The registered manager told us "Training isn't just about attending a training course it's about learning". They explained they routinely checked staff's understanding of subjects they had covered in training and that they put into practice what they had learned. There was a staff training and development plan in place for the next 12 months which identified all the training that was booked and planned. They told us they kept up to date with their own knowledge by attending training courses for managers and researching the internet.

Good

Is the service well-led?

One of the directors explained they had completed training in dementia which had explored using new methods for communicating with and reassuring people who are living with dementia. They explained in order to keep staff up to date with current good practice when working with people living with dementia, this learning had been passed onto the staff team through knowledge sharing.