

Methodist Homes







Maidment Court

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	

Overall summary

Maidment Court is registered to accommodate and provide personal care for up to 45 people. The home aims to meet the needs of older people, including those living with dementia. At the time of this inspection there were 37 people living at the home.

There was a registered manager at the home at the time of the inspection but they had been away for several months and there was an acting manager 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.

This was an unannounced inspection carried out over two days on 1 and 3 June 2015.

We received consistently good feedback about the service from people and their family members. One person told us, "The staff are always very patient, always

Summary of findings

smiling, always very helpful and I am always clean, well dressed and well fed". Another individual said, "I feel safe and secure. Kind well trained staff and great compassion. A good place to live".

People or their representatives felt that the home provided a safe service. Staff had received training in safeguarding people and understood how to raise a concern. The provider ensured people's rights were protected when planning and delivering care and support.

People told us staff were skilled and responsive. We saw a thorough induction process supported new staff to understand their role, along with ongoing training, supervision and support for all staff to make sure they understood how to safely and effectively care or support people.

People or their representatives had been included in planning how care and treatment was provided. People told us that they made decisions about their lives, and we saw examples throughout the inspection that evidenced staff asked people how they wanted to be supported and then followed their directions.

The home ensured staff understood and acted in accordance with the Mental Capacity Act 2005 including

the deprivation of liberty safeguards. This ensured people were asked for their consent before staff provided care or support, and where people did not have mental capacity to consent to care or treatment the staff acted in their best interests.

People and relatives told us the key strength of the home was in the caring attitude of staff. One person said, "Lovely people, if they can help you at all they do, we are very lucky, I don't know what we would do without them. I am very happy". Another person told us the staff were, "very kind, they do everything you ask them to do".

Staff knew the people they were supporting well and supported individuals to maintain their independence as much as possible. People told us they enjoyed activities and said there was enough to do. The manager confirmed people were involved in planning activities. They checked people were satisfied on a regular basis through activity audits and residents meetings.

The service was well led. Staff told us the management team listened to any suggestions or concerns and were available for advice and guidance. There were robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

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?

The service was safe.

Staff had received safeguarding training and understood what to do if they were concerned or worried about somebody.

There were sufficient staff employed at the home to meet people's needs and new staff were safely recruited to ensure people were protected.

The home had robust systems in place to identify and manage risks and ensure the environment was suitable and safely maintained.

Good



Is the service effective?

The service was effective.

Staff told us they received the right training and support to ensure they knew how to care for or support people effectively. People confirmed staff were skilled and knew how to support them.

Maidment Court acted in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards to make sure people's rights were protected.

People's changing healthcare needs were responded to and staff worked with health and social care professionals effectively to meet people's needs.

Good



Is the service caring?

The service was caring.

People were very complimentary about the caring ethos of the home and its staff team. Staff had a caring, respectful approach where they listened to what people said and followed their directions.

Staff knew people well and understood their needs and preferences. They responded promptly when people needed help or support.

Good



Is the service responsive?

The service was responsive.

Staff told us records were easy to understand and made sure they knew how people needed to be helped or supported.

People told us how much enjoyed taking part in activities. They said that they provided a focus for the day and that the activities kept them mobile.

People and their relatives were encouraged to raise concerns or complaints in a variety of formats including in person, by telephone and by email, or in writing. Complaints were investigated and resolved in accordance with the provider's policy.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People, relatives and staff told us the service was well led by an approachable and proactive manager.

There was an open, inclusive and learning environment that supported staff to make suggestions, raise concerns and learn and improve their practice.

There was good staff morale, and people and staff told us they felt listened to.

The service had robust systems in place to ensure they knew they were offering a safe, effective, caring and responsive service.

Maidment Court

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 1 and 3 June 2015 and was unannounced. The aim of the inspection was to carry out a full comprehensive review of the service.

One inspector and an expert by experience with expertise in dementia carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

There were 37 people living at Maidment Court at the time of the inspection and we talked with 14 people to learn about their experience of living at the home. We also spoke with eight relatives, the acting manager, 13 other members of staff and three health and social care professionals.

We looked at two people's care and support records in full, and sampled 20 other care and support records where we looked at specific aspects of people's care or support. We also looked at documents relating to the overall management of the home which included staffing rotas and four recruitment records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service. This included the information about incidents the provider had notified us of, and information sent to us by the local authority.

Is the service safe?

Our findings

People consistently described Maidment Court as good and told us they felt safe living there. We received a range of comments including, “I feel very safe here. My condition is a chronic one and people know how to look after me. There isn’t an institutional feel here and the people are lovely” and, “I feel really safe and I am well cared for. What more can you ask for. I feel very lucky” and, “Very safe because there is always someone around when you need them. Very special people here to look out for you”.

People told us that they were treated equally at Maidment Court and they had never felt they had been discriminated against.

Relatives told us that they were confident that people were kept safe by well-trained staff who had a good understanding of peoples’ needs. One said, “I know that when I am not here [my family member] will be safe and that they will contact me if there are any worries or concerns”.

People were satisfied that their medication was managed safely and that staff supported people to be as independent as possible. One person who managed their own medicines told us, “I take my own tablets and I know what they do. The pharmacist delivers them weekly and they are in a special box labelled for each day of the week”.

We talked with the medicines lead, observed a medication round and looked at the overall system in place to manage medicines. The provider made sure people’s medicines were managed safely and staff had received training and had been assessed for their competency in administering medicines. Some people had PRN (as needed) medicine to manage their pain and had plans in place to enable staff to understand when they might require their pain relief medicine. Where people had allergies, these were clearly recorded. There was a system of body maps to ensure people had their prescribed creams applied at the correct frequency. Medicines were stored correctly, disposed of them safely and kept accurate records. The service had received an external audit of their systems of managing medicines. They had been given good feedback and had acted on the suggestions made for further improvements.

All the staff we spoke with had good insight into what safeguarding adults meant and what action they would need to take if they were concerned or worried about

someone. One member of staff said, “Safeguarding is about keeping people from coming to any harm. It’s about protecting them from abuse”. The service had a recent safeguarding investigation that was not substantiated. They used this as an opportunity to help staff learn about the roles and responsibilities of other organisations and to give positive feedback for the staff who had managed an out of hours unannounced safeguarding visit to the home.

All staff received training on whistleblowing and this was also discussed in staff meetings. Supervisions were used to identify whether staff had any concerns about the home. Staff told us they were confident they could raise a concern and it would be investigated and addressed.

There were systems in place to reduce the risk of harm to people using the service. Risks to people were assessed and plans put in place to ensure staff safely supported people. Records showed a range of risk assessments around areas such as falls, moving and handling, nutrition and pressure area care. One person had been assessed as requiring a bed rail to ensure their safety in bed. We saw a risk assessment relating to this and daily checks of the equipment to make sure it remained safe and the right course of action for this person. Some people required air mattresses to reduce risks to their skin integrity. Records showed these people were regularly repositioned throughout the day and night. At the time of the inspection the provider did not have an effective system in place to make sure the mattresses were set at the correct level for the individual. This meant there was a risk that the mattress may not be at the setting to fully meet people’s needs. We drew this to the attention of manager and they immediately implemented a system of daily checks of the pressure relieving mattresses.

Staff had received training in manual handling and told us they felt confident in supporting people to mobilise. We observed staff supporting people to move around the building including people who used mobility aids and one person who needed a hoist to ensure they moved safely. Staff supported people in a dignified and reassuring way. They gave clear instructions and explained to the individual at each stage what they were doing and what the person needed to do.

Maidment Court had a robust system in place to learn from accidents and incidents. For example, one person had fallen and injured themselves and the manager described the action they had taken to reduce further falls, including

Is the service safe?

trialling the use of different types of equipment. The provider also checked accidents and incidents on a monthly basis to ensure people were supported safely and patterns or trends identified and acted upon.

There were enough competent staff on duty who had the right mix of skills to make sure that practice was safe and able to respond to unforeseen events. The manager said they achieved this by providing a mix of care workers, senior care workers and management staff who were on duty. The manager described circumstances where they would be able to deploy more staff, such as when an individual was very poorly. Some staff commented that whilst the home was appropriately staffed at the time of the inspection, higher dependency needs could lead to a more task-focussed approach. However, all the staff we spoke with felt the manager did their best to ensure there were enough competent staff on duty to meet people's needs.

Recruitment systems were robust and made sure that the right staff were recruited to keep people safe. New staff did not commence employment until satisfactory employment checks such as Disclosure and Barring Service (DBS)

certificates and references had been obtained. People using the service were involved in recruitment and the manager had taken their viewpoints into account when recruiting to a particular staff role.

At the time of the inspection Maidment Court were building new premises that were planned to be completed in early 2016. The existing building was being maintained and was safe for people who lived there. People's rooms and communal areas were clean and various checks undertaken to ensure they were fit for purpose. The provider ensured that maintenance work was carried out quickly by employing a full time maintenance worker. We spoke with the maintenance worker, the infection control lead and members of the housekeeping team. They told us they were well supported to make sure the building was operating safely whilst the new build took place.

There were arrangements in place to address a foreseeable emergency. Fire drills had been completed, including at night-time. Personal evacuation plans reflected everyone's individual needs to ensure the appropriate assistance would be given to each person in the event of an emergency. The home had an emergency contingency plan which outlined steps to be taken in the event that the home was unable to function.

Is the service effective?

Our findings

People and their relatives told us staff were well trained and had sufficient knowledge and skills to meet people's needs. One person said, "People are so patient here and always so kind. I know that if I ask for help I will get it from people who know what they are doing. It is reassuring".

The provider kept up to date with new research, guidance and developments and had links with organisations that promote and guide best practice. For instance there had been a recent safety alert about a nutritional product and the manager was aware of it and had informed staff. In addition Maidment Court had arranged further training around the area to ensure staff understood why people might need additional support with nutrition and how to effectively and safely provide it.

There was an induction process that supported new staff to understand their roles and responsibilities. This included shadowing and training on key areas of practice including safeguarding, infection control, equality and diversity and person-centred care. A new member of staff confirmed their induction had been thorough and ensured they understood what they needed to do to support people.

Staff confirmed that Maidment Court enabled them to keep up to date with guidance and develop their skills. On staff member said, "The manager encouraged me to get my NVQ2 and then NVQ3. I've completed my senior training, now I am doing my manual handling master training. I didn't think I could do it but I have had really good support". Another member of staff was very keen to learn more about medicines. This was supported and they became the home medicines lead.

Records confirmed staff had completed a range of training including safeguarding people, mental capacity, health and safety, medicines management, dementia awareness and infection control.

Maidment Court also acted on feedback from people about staff skills. The manager described a situation where they had supported a member of staff to develop their communication skills following negative feedback from a resident. They provided additional training and support to enable the member of staff to understand how they

needed to improve their approach with people. The individual who had raised the concern fed back that the staff member had improved, and they were happy to receive support from them.

Records showed supervision meetings were held individually approximately six times a year to develop and motivate staff and review their practice or behaviours. Staff confirmed this and said they could also gain informal support or guidance whenever they needed it. All the staff we spoke with said they felt well supported. Staff training meetings were used to develop staff skills and we saw examples of discussions about areas of practice such as safety guidance, infection control, feedback from people and training needs. Staff had annual appraisals that explored learning and development plans and individual objectives, which staff told us they found helpful. One staff member commented, "Goals are achievable and fair".

Staff had received training on the key requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. They put their learning into practice effectively, to ensure that people's human and legal rights were respected. For example, people were asked to give their consent to their care, treatment and support. People told us they made decisions about their lives and were not restricted in anyway by the home. One person said, "I can get up whenever I like, go to bed when I like this is my home here", and another person commented, "I catch the bus to town and go shopping and look around when I feel the need. Can go out when I like, sometimes go to Bournemouth. I sign out and let people know that I am out".

The service had a policy on mental capacity and consent that stated, 'All staff must obtain informed consent before carrying out any treatment or care' and, 'If, following a capacity assessment, it is agreed that an individual lacks capacity to give consent, then any decision relating to treatment and care must be made in their best interests'. Staff acted in accordance with the organisations' policies. For example, they understood the need to obtain consent before they helped or supported someone. One staff member said, "You need to do what they want". Records such as support plans were signed by people who had capacity to consent indicating they agreed with the guidelines and instructions provided to staff about their care and support needs.

Is the service effective?

Where people lacked mental capacity to take a particular decision staff knew what they needed to do to make sure decisions were taken in people's best interests, including involving the person, their family or friends and the right professionals. For example, we saw an example of a best interests decision about the use of bed rails. This record showed that staff had thought about what the person would want and had involved their family. The decision to use bed rails included a clear rationale of why this was the least restrictive option for the person.

Staff had a good understanding of what circumstances restricted people's rights, and person centred plans in place to make sure people had their rights protected so far as possible. They provided examples of how they ensured this was the least restrictive option. For example, one person would not be safe to leave the home unaccompanied and lacked mental capacity to ensure their safety outdoors. They discreetly monitored this person's whereabouts within the home. If the individual wanted to leave the home staff would accompany them.

Deprivation of Liberty Safeguards (DoLS) are part of The Mental Capacity Act 2005 and ensure that where someone may need to be deprived of their liberty it is the least restrictive option and in their best interests. The manager knew when and how to make applications to deprive someone of their liberty. They had made appropriate referrals and described a good working relationship with the local DoLS team. At the time of the inspection two people who lived at Maidment Court were deprived of their liberty. The service had systems in place to ensure they understood when an authorisation to deprive someone of their liberty needed to be reviewed, and had notified the Commission in accordance with their statutory obligations.

People described the food and mealtimes as good and spoke positively about the menu and the quality of food provided. One person said, "I realise that you have to cater for everyone and that different people like different things but on the whole there is something that I usually like and they will make special things for you if you ask". Another person told us, "Good food and the portions are adequate. You can always get more if you want" and a third person said, "I like the food, very good flavours and nicely presented".

We observed that people who were unable to leave their rooms or chose to eat in their rooms were well supported during lunchtime. Hot meals were brought up to them and people who needed help with feeding were supported sensitively. Snacks and hot drinks were provided at regular intervals throughout the day and people confirmed staff would get them whatever they wanted.

Staff protected people, especially those with complex needs, swallowing problems and other medical conditions that affected their health from the risk of poor nutrition and dehydration. For example, records showed that people with special dietary requirements had specialist support plans in place. Staff knew how to ensure people were safely supported, and the chef was aware of people's allergies and specific needs.

People experienced positive outcomes regarding their health and told us they were supported to access healthcare professionals quickly. One person told us, "If I need someone to help me people usually come pretty quickly. On one occasion I had an infection and I was hallucinating. I was very frightened and pushed my buzzer. Two people came and they called the Doctor and sat with me until he arrived. It was very reassuring - marvellous people here".

Staff understood people's health needs and preferences and consistently kept them under review. Where required, people had plans in place to help staff manage their healthcare needs. For example, one person was diabetic and had a support plan in place to make sure staff understood how they needed to be supported. A member of staff was able to describe symptoms that may indicate the person was unwell, and knew what action to take in the event of a medical emergency.

Records confirmed people accessed a range of health and social care services when they needed to. People were supported to access their GP, district nurse, optician and dentist. People also saw specialists such as their hospital consultant, dietician and specialist community mental health services when they needed to. Health and social care professionals told us staff sought help appropriately and followed their instructions. The manager described effective working relationships with health and social care professionals that helped ensure people's health and social care needs were met.

Is the service caring?

Our findings

People described staff as caring making comments such as, “The care here is exceptional. They look after me so well. In fact if I had a bucketful of gold stars I would give the entire staff one. All the staff are my friends here”, “The staff look after me properly and I feel that I am very well cared for. I am very lucky” and, “I would say that most of the care here is exceptional because people listen to what I need and deliver it sensitively”.

Relatives were also satisfied with the care their family member received, telling us, “The staff are caring, kind and empathetic towards [my relative]. The care encompasses the whole family. We are always made welcome”.

Staff communicated effectively with people, no matter how complex their needs, and were able to describe people’s individual communication skills, abilities and preferences. Staff knew people well and chatted with them as they passed by or checked them in their rooms. They used a range of communication techniques to ensure people felt supported and understood what was happening. We saw light hearted chat that people seemed to appreciate and a thoughtful approach when that was required. A member of staff confirmed this saying, “It’s nice to make people laugh and see them smile, everybody is so compassionate and caring”.

People seemed at ease with staff and positively commented on their communication skills. For example, we saw a staff member talking with someone who had a hearing loss. They maintained eye contact and adjusted the speed and volume of their speech. This made sure the person understood the discussion and was able to say what they wanted.

Staff were unhurried and caring, spending time with people and demonstrating their concern for people’s wellbeing in their approach. For example, there were enough staff deployed to ensure they could respond immediately to people’s questions or requests. One person asked for a paper. The staff member collected a few different papers and showed them to the person, conversationally discussing each one. The person chose which paper they wanted to read. Another person appeared slightly

withdrawn and a care worker noticed. They gently touched the individual’s arm; using a soft tone of voice and unhurried speech they chatted about what the person was wearing, and commented on their nice hairstyle. The individual responded to the care worker and looked happier.

Staff had a good understanding of confidentiality, privacy and dignity and described how they protected people’s privacy such as knocking on bedroom doors, drawing curtains and speaking with people discreetly. Throughout the inspection we saw examples of this including staff talking quietly with one person about his medicine, and closing doors to ensure people’s privacy was maintained. Care plans were discreetly placed in people’s bedrooms, ensuring that staff could easily understand how people needed to be supported whilst protecting their dignity and privacy. Other care records were stored confidentially in the office but could be easily accessed by staff.

People received care and support from staff who understood their history, likes, preferences, needs, hopes and goals. Records showed the home got to know people in order to make sure staff understood how they wanted to be supported. One person confirmed this saying, “I have a say in what care I want and how I want people to give me that care”. A relative also told us, “Staff know [my relative] well and know what her specific needs are”.

People were involved in planning how they wanted to be supported. Care plans were person centred and we saw that staff followed people’s directions on what support they wanted or needed. One person living at Maidment Court had a significant sensory impairment. Their care plan contained clear instructions for staff on how best to support them. The guidance was caring and person centred, aimed at ensuring the individual could make decisions, understand communication with staff and be happy and relaxed within their environment. The care plan was written in a way that demonstrated to staff the importance of a caring, thoughtful approach.

Records showed that people were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists.

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. Maidment Court carried out assessments before people moved in to make sure the service was able to meet their needs. People were part of the pre-admission assessment and were given the opportunity to talk about their life and what was important to them. For example, one person said, “I am a vegetarian and when I first came in I mentioned it and now they ask me every day what I would like”. This showed that staff understood and acted on people’s needs and preferences in order to support them in the way they wanted.

People’s care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Staff told us they found support plans easy to understand and access. People and their relatives were involved in their on-going care and support and confirmed they felt listened to and that their input was valued and acted on. A relative said, “I am involved with my mother’s care planning and I am consulted if anything changes”.

Staff were kept up to date through daily handovers, the communication diary and emails. We saw staff who had been away for a few days checking handover sheets to ensure they were up to date with people’s needs. We observed a handover where staff discussed people’s changing needs and checked they understood any action they needed to take to ensure people were cared for or supported appropriately.

Necessary services and equipment were provided as and when needed. Staff confirmed there was enough equipment to enable them to support people in a timely way. Some people who lived at Maidment Court walked independently or with a small amount of supervision and assistance. We observed people moving freely around the building, choosing where they wanted to go and what they wanted to do. We saw staff offered assistance in a way that maintained people’s dignity and independence. Staff appeared mindful of promoting people’s ability and only helped if the person asked or if they saw the person was at risk. People were neatly dressed and had any aids they required to promote their independence such as glasses or walking aids.

Staff protected people from the risk of social isolation and loneliness and recognised the importance of social contact and companionship. People told us how much they enjoyed taking part in activities. They said that the activities provided a focus for the day and kept them mobile. One person told us, “There is a lot going on here if you want to join in”.

The service had two activity co-ordinators who were supported by volunteers, outside entertainers and staff to deliver a full programme of activities and events. These included quizzes, indoor bowling, netball, board games, arts and crafts, body and mind exercises and nails and pampering sessions. People told us they were involved in planning activities, and the manager told us they provided people with a weekly activities plan so they could decide what they wanted to do.

Activities were inclusive and catered for people’s differing abilities. These included individual activities for people who preferred to stay in their room, or who found group sessions more difficult. One person said, “We had some baby chicks brought in and because I have to spend most of my time in my room because of my medical condition they brought them to my room. It was wonderful and because we used to rear chicks in our chicken shed on the farm then it brought back some wonderful memories of my father”.

The service had good links with the local community including local churches. A significant number of people told us their faith and attending church had played an important part in their lives before coming to Maidment Court and saw religious activities as being an important part of their life there. The chaplain organised regular prayer meetings and bible study sessions in addition to regular services. Whilst the majority of people were of the Methodist faith the home ensured services were also conducted by ministers from other branches of the Christian faith. One person confirmed this saying, “I am a Roman Catholic and I join in with all the services here. I have nuns come in to see me regularly and the local priest comes in to meet my specific religious needs. Our chaplain here is a marvellous person”.

Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. One person told us they

Is the service responsive?

had decided to move to the home because of its good transport links. They confirmed they regularly accessed the local community and that they were well supported by staff to maintain their community links.

All the people we spoke with knew how to make a complaint and we saw that copies of the home's complaints procedure were strategically placed at different places in the building. People commented there was an open culture at the home and that people were provided with a level of care that pre-empted the need to make complaints. They also told us that minor concerns were sorted out quickly. One person said, "Quite happy, no complaints at all. I know that if anything went wrong that I could speak to someone and they would sort it out. The manager is very good and the carers listen", and another

person told us, "I'm quite happy with my care and I've got no complaints". A relative also said, "We've had a few things go missing like jumpers and other items of clothing but it's been sorted out quickly".

People and their relatives were encouraged to raise concerns or complaints in a variety of formats including in person, by telephone and by email, or in writing. The manager told us the service had not received any complaints in 2015 although we could see they had received a number of compliments. The complaints file also had useful contact details for other organisations people or staff might wish to raise a concern with. We reviewed the complaints and comments Maidment Court had received in 2014 and saw these had been investigated and resolved in accordance with the provider's complaints policy.

Is the service well-led?

Our findings

People, their family and friends were regularly involved with the service in a meaningful way, helping to drive continuous improvement. People said they felt listened to and that their views were considered and respected. People's feedback about the way the service is led described it as consistently good.

The service had a clear vision and set of values that included respect, dignity, openness and fairness, trying to be the best we can and nurturing people. Records showed staff had read and understood the service values including making a written statement about what the values meant for them and their work with people using the service. We saw staff reflecting the values in their interactions with people. For example, we observed that a staff member listened to what a person was saying and made sure they had understood what the person wanted to do. They asked the person if they could update their support plan to make sure other staff were aware of how best to support the individual with the particular problem. They were polite and respectful throughout, ensuring the person's confidentiality was maintained. They had a nurturing approach that demonstrated their value for the individual and their needs. This showed the values were intrinsic to the culture of the service and consistently put into practice.

Maidment Court had a culture of open communication and person centred care focussed on the individual. People said they knew the manager, who they described as being open, approachable and responsive.

There were monthly meetings with people living at the service and relatives meetings twice a year. These enabled the manager to keep people up to date with what was going on and gave people an opportunity to decide on changes to the service such as activities or the menu. Extensive quality assurance audits were completed with people and action had been taken as a result of the feedback received that had led to improvements. The manager also used observations of things like the meal time experience to further check that people received a good quality service.

Staff said the manager had an open door policy, was visible around the home and supported them to learn and improve. Our discussion with the management team showed they were open, inclusive and embraced different

ways of working to develop the service. For example, they told us they had recently involved staff in a change to the rotas to provide more consistency for people. Although this was driven by the organisation, staff were involved in the idea and given time to think about what it would mean for them. Following its implementation staff and people using the service fed back that the new system is working better for staff and has resulted in greater consistency for people.

Maidment Court was undergoing a major change at the time of the inspection because a new building was being constructed. People were kept updated through the monthly resident meetings and the manager was visiting a similar service in another part of the country to see what they could learn and take back to Maidment Court. The management team described how they supported staff with this and kept them updated. Staff confirmed they had been well supported through the process.

Support and resources were available to empower the staff team to develop and to drive improvement. For example, staff meetings were held quarterly for all staff and every month for senior staff. The manager used staff meetings to involve staff: "They need to know what is going on and feel involved".

Quality assurance arrangements were robust and the need to provide a quality service was viewed as fundamental and understood by all staff. For example, the provider had undertaken a two day unannounced inspection to assess quality. An action plan had been developed and was being implemented.

The provider had implemented a new system of checking the building and equipment that staff told us was working well. This enabled the provider to be assured that checks were made and action taken in respect of fire safety, water temperatures, utilities and equipment such as electrical appliances, the lift, the call bell system and mobility aids.

There was a programme of care plan audits completed on a monthly basis. Actions were identified and followed up on to ensure staff had up to date guidance on people's needs. Other audits included activities, the safe use of medicines, choice and the environment. The manager undertook unannounced spot checks including at night time to assure themselves that people were being cared for safely and effectively. Records showed these were comprehensive checks that looked at various aspects of the service.