

R&N Partners

# Green Gables Residential Care Home

## 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

We inspected Green Gables residential home on the 9th September 2015.

This was an unannounced inspection which meant the staff and the provider did not know we would be visiting.

Green Gables is a two storey building with 11 beds. It is situated on the outskirts of Bradford, with good transport links to Bradford and Brighouse areas. It is a care home

without nursing which provides care for people with dementia and physical disabilities for adults over 65 years. On the day of our visit there were 10 people living in the home.

There was a registered manager in place. 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'.

# Summary of findings

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.

There were safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and the staff listened to them and knew their needs well. The staff had the training and support they needed. Relatives of people living at the home were happy with the service.

The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staffing levels were sufficient to meet people's needs. People who used the service were supported by staff that people told us were caring and respectful of their privacy.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home.

People's medicines were administered in a safe way. The procedures to manage risks associated with the administration of medicines were followed by staff working at the service.

People received their medicines in line with their prescription. Other people had their medicines administered by a member of staff. We found medication administration records were signed correctly. There were suitable arrangements for the safe storage, management and disposal of medicines.

People had 'as and when required' (PRN) medicine. These medicines had a protocol sheet advising staff when these could be administered.

Care records were person centred and reviewed monthly as a minimum or when someone's needs had changed. People told us they had been involved in creating their own care records and they told us staff had a good knowledge about them. Care plans included people's personal preferences, likes and dislikes. People and their families had signed to say they supported the care records.

People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank.

We spent time observing care and support being given. Staff were seen to treat people with respect and dignity. Staff had developed relationships with people so they appeared comfortable, at ease and shared discussion and laughter with staff. We saw staff asked people what they wanted to do before they did it. If people refused their decision was respected.

Staff spoke positively about the culture and management of the service. Staff said that they enjoyed their jobs and described management as very supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-ones and staff meetings and these were taken seriously and discussed.

The registered manager provided good leadership and people using the service, healthcare professionals, relatives and staff told us the registered manager promoted high standards of care.

There was evidence that the staff and registered manager at the home had been involved in reviewing and monitoring the quality of the service to make sure it improved.

We looked at the complaints procedure for the service. Complaints were recorded, analysed, responded to and learnt from.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. The registered manager had knowledge of the MCA 2005 and DoLS legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

There was a system in place to monitor the quality of the service and action had been taken when necessary to make any improvements.

# 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

Medicines were managed safely for people and records had been completed correctly.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

The premises were safe and equipment was appropriately maintained.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs.

Good



### Is the service effective?

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring.

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create their care plans. Staff knew people's background, interests and personal preferences well.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people.

There were a range of suitable activities available during the day.

There was a robust complaints procedure in place.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was an open and positive culture which reflected the opinions of people living at the home.

There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

Good



# Green Gables Residential Care Home

## Detailed findings

### Background to this inspection

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

This was an unannounced inspection and took place on 9th September 2015.

The inspection team consisted of one inspector.

We spoke with four people who use the service and two relatives. We also spoke with one healthcare professional, one care worker, one senior care worker, the chef and the registered manager.

Before our inspection we reviewed the information we held about the home. This included a review of the Provider Information Return (PIR). 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.

No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 29th July 2013.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at three people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the accidents and incidents book and policies and procedures for the service.

# Is the service safe?

## Our findings

There was a relaxed friendly atmosphere and people appeared comfortable and at ease with the staff. People told us they were cared for very well and had never had any cause to feel concerned with regard to their safety.

Risk assessments linked to people's welfare and safety had been completed and the management of known risk planned for. People who were at risk of falling, developing pressure ulcers, or not eating enough were identified. This included; pressure care, moving and handling, nutrition and falls. Discussions with care staff showed us they were aware of the importance of following risk assessments in order to deliver safe care and monitor people's wellbeing.

One person told us, "Its superb; can't knock it at all, brilliant." Another person told us, "I love it here, I always feel safe." A relative told us, "This is a palace; it's beautiful for her couldn't ask for her to be in a better place," and another said, "It's home from home."

People were protected from abuse. Staff told us they had received appropriate safeguarding training, understood abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records showed that all staff at the home had received recent safeguarding training. We saw this training was repeated annually. We were able to read the provider's policies and procedures and saw they were appropriate to keep people who used the service safe from harm. There was also a whistle blowing policy. We saw telephone numbers with regard to whistle blowing and safeguarding were displayed in various areas of the home. This meant staff, people and their families were able to easily access the appropriate telephone numbers.

We spoke with the registered manager, who was also the safeguarding lead. They told us there had been no safeguarding concerns in the past 12 months.

Appropriate checks were undertaken before staff began work. Criminal record checks, references, eligibility to work, health and qualifications were reviewed to ensure they were fit to work. Staff also undertook regular training to keep up to date with professional guidance. Staff that had joined the provider in the past year confirmed they were subject to criminal record checks and stated that their

referees were contacted. Files we read included completed checks on employment history, correspondence with referees, checks with the Disclosure and Barring Scheme [DBS] and records of their interview with the provider.

People we spoke with told us there were always enough staff to support them. One person told us, "The staff here are always available to us and respond quickly to any of our needs." Another person said, "There are always enough staff during the day and the night."

During our visit we observed staff on duty in all areas of the home and people's calls for assistance were promptly responded to. Routines were seen to be flexible to accommodate people's varying needs. Staff rotas confirmed there were enough staff on duty to assist people who used the service in a safe appropriate manner.

People received their medicines safely. Staff confirmed the provider had a good relationship with the pharmacy who delivered and collected all medicines used in the home. Training records confirmed all staff who managed medicines had received recent appropriate training. We observed staff administering medicines to people and noted that they asked their names on each occasion. The medicines trolley was clean tidy, locked and secured. Medicines were stored securely. There was an appropriate system of procedure and recording for medicine disposal.

People had an individual folder for medicines administration. These had a photograph on the front and a chart where allergies were highlighted. The file also contained a copy of authorised signatories, and confirmation that correct medicines had been administered.

We completed a tour of the premises as part of our inspection. We took the temperature of water from taps in both bathrooms and people's bedrooms and found them to be comfortable. Inspection of the maintenance files showed that the hot water temperatures were regularly checked and thermostatic valves recalibrated as necessary. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

## Is the service safe?

We found all floor coverings were appropriate to the environment in which they were used.

All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed.

We inspected records of the lift, gas safety, electrical installations, water quality, pest control and fire detection systems and found all to be correctly inspected by a competent person.

We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out. We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves. There were contractual arrangements for the disposal of clinical and sanitary waste.

# Is the service effective?

## Our findings

People's needs were assessed prior to moving into the home and people had a care record which was created with input from relevant health and social care professionals. This helped to ensure people received care and support in accordance with their individual needs and wishes.

Care records showed that arrangements were in place to ensure people's health and social welfare was protected. We saw evidence staff had worked with various agencies and made sure people accessed other services and received input from other health professionals in cases of emergency, or

when people's needs had changed. This had included GP's, community mental health nurses, chiropodists, opticians, speech and language therapists and dentists. We spoke with a district nurse who had no concerns about the care and treatment people received at the home. They told us, "The place is very well organised and staff respond appropriately and people who live here are very happy."

We asked people if they thought the staff had the right skills to support them and they told us they did.

People told us staff always asked them what they wanted before they did it. We saw staff knocked on doors and called when entering someone's room to let them know they were there. We saw staff asking one person if they required help with her handbag when moving from one lounge to another. This person said yes. This showed us staff waited for consent to care and treatment before acting.

We observed lunch during our inspection. Staff worked well as a team to ensure meals were a positive and important occasion for people. Tables were set with people helping as they put out table cloths, crockery, serviettes, condiments and jugs of juice. People were encouraged to choose where they wanted to sit and who they wanted to sit next to. People were encouraged to move to the table to eat and staff created a pleasant and calming atmosphere for people to enjoy their meal.

People said that the food was good and they looked forward to it. One person told us, "I can request anything I want and they will give it to me." We saw evidence of this during lunchtime when a person requested an item not on

the menu. Also during lunchtime we saw that food was served hot and people appeared to be enjoying their meals. The menus showed a variety of options for each meal, and people were asked about their menu choices on an on-going basis. The chef was knowledgeable about people's nutritional needs, and came out to speak to people about their food. There was a chart in the kitchen which highlighted people who required special diets due to religious, cultural or health reasons.

Staff confirmed that food and drinks were readily available for people day and night. During the inspection we saw that people were provided with drinks and snacks throughout the day and were regularly asked if they would like a hot or cold drink. Staff received training and guidance which helped to ensure they were well informed about diet and nutrition. Staff spoke about their knowledge of diabetes and people's individual dietary needs.

The registered manager was able to explain to us that each staff member had been through a robust induction. We saw in staff files the provider had kept a list of all the training and development on each staff member on induction. We noted staff did not work alone with people until they had completed core skills such as communication, manual handling, anti-discriminatory training, health and safety and care planning. Staff we spoke with were all in agreement that the induction period and content allowed them to work effectively and safely with people who used the service. One staff member told us, "The training and support here is excellent."

Staff explained it was mandatory for staff to complete training on a number of required subjects before commencing work. These courses included working with people living with dementia, medicine administration, safeguarding adults, health and safety, food hygiene and managing challenging behaviour. All staff were doing the care certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. Staff records showed that staff attended courses which were appropriate to the provision of a safe service for people who lived at the home. Mandatory courses were repeated annually.

There was a regular programme of training for staff. Staff told us about two planned training courses for the safeguarding of vulnerable adults and mental capacity.



## Is the service effective?

There was a training matrix with dates for staff members to attend training. We observed that members of staff were positive and enthusiastic about their work. Staff told us that the manager was approachable and open to suggestions for service improvement.

Staff told us that they received supervision every two to three months and a yearly appraisal. We were able to confirm this by looking at records of supervision and of recent staff appraisals.

The majority of staff had a minimum of a National Vocational Qualification Level 2 (NVQ2) in care. Others were close to completing their NVQ3. Staff told us that they had been or would be supported to complete the NVQ3 or equivalent qualification. Staff were complimentary with regard to support they had received from the registered manager.

We asked staff what they did to make sure people were in agreement with any care they provided on a day to day basis. They told us they always asked people's consent before they provided any care and continued to talk to people while they assisted them so they understood what was happening. Staff told us they respected people's right to refuse care and treatment and never insisted they accepted assistance against their wishes.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We found the provider to be meeting the requirements of DoLS. We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Our review of people's care records demonstrated that all relevant documentation was securely and clearly filed.

Staff confirmed they had completed training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and were able to appropriately explain how they would support people who lacked mental capacity. Throughout our inspection we observed staff obtaining people's consent before providing care and support. We looked at three care records and saw mental capacity assessments were in place detailing whether people had capacity to make decisions for themselves.

# Is the service caring?

## Our findings

During our visit we spent observed the care, support, activities and interactions between staff and the people who lived at the home. At Green Gables we found a pleasant, relaxed, and a home that offered a warm welcome to everyone in all areas of the home.

Staff understood what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity. For example, one person often expressed a wish for personal space and we saw that this was handled sensitively and appropriately. We noted that staff always knocked on doors prior to entering, thus respecting people's need for privacy. We saw people had been able to make choices about the decoration and furnishings in their rooms. Many rooms contained personal treasured items and family photographs. A care worker told us, "You must respect people and look at their mood if they refuse care you must respect that and come back later." People were supported to maintain contact with friends and family.

We saw and heard staff interact with people in a caring and respectful way. Staff treated people with kindness and compassion. The atmosphere in the service was calm and relaxed. Staff addressed people by their preferred name, and chatted with them about everyday things and significant people in their lives. This showed that staff knew about what was important to the person.

People were supported by caring, compassionate staff at the service. People and relatives we spoke with were happy with the care provided. One person told us, "The staff are friendly and kind and gentle – I wouldn't hesitate to ask them for anything." A relative told us, "The staff are absolutely wonderful very patient" and "I can only give it ten out of ten, they do everything for her." One person described the staff as "very pleasant" and said, "You couldn't get better (staff) anywhere." Another person told us, "I like it here and the staff are so nice and lovely." Another relative told us, "The staff know my Mum as a person, know her likes and her odd ways and they love her." They added, "They are I really excellent, we celebrated someone's birthday the other week and everyone was involved, all of us visitors and I have to say everyone is given the very best of care." One staff member told us, "It's important to talk to people; I treat people like they are my own grandparents and like how I would want to be

treated." We heard staff saying words of encouragement to people. One person wanted to do some dusting with one of the staff so the staff member got a duster and they did some dusting together and enjoyed some positive interaction.

On the day of inspection one person was celebrating their birthday, so staff had put up some balloons and made them a cake with their name on.

We saw staff were kind and compassionate in their interactions with people. For example, we saw one person was a bit unsteady when they got up from the table and a staff member noticed straightaway and asked the person if they were all right and if they would like some assistance. The person said yes and the staff member offered their arm for support, we saw the person smiled and hugged the staff member's arm as they walked out together chatting.

We observed all staff addressed people by their name and gave explanations of what they were doing in an appropriate tone of voice.

At lunchtime, staff ensured that people were well positioned at their tables and comfortably seated. Throughout the inspection, we observed staff asking people how they were and checking if there was anything they needed. We observed staff were attentive and encouraged people to eat and drink. For example, one person wanted to leave the table and one of the staff said, "Let's try to get you something to eat and drink first." They brought some sandwiches and a cold drink and the person ate all the sandwiches and finished the drink.

The registered manager and staff told us people were generally able to make daily decisions about their own care and, during our observations; we saw that people chose how to spend their time. A relative told us, "They let me come whenever I want to." People's care records further demonstrated that people and their families, had been consulted about and involved in making decisions about how their care and support was provided.

For example, we saw documentation to show that people and their families were invited to review meetings at least every six months where they could discuss their care and any changes they wanted to make.

People looked well cared for, were wearing suitable clothing and appeared to have had their hair brushed. One person who lived at the home told us, "My clothes are

## Is the service caring?

always sorted out nicely and when they help me get dressed in morning they always give me a good choice.” This demonstrated staff had taken time to assist people with their personal care needs.

# Is the service responsive?

## Our findings

Care records contained a range of care plans to help staff meet people's individual needs. People told us the home was meeting their needs. They said their individual preferences were being taken into account in how support was provided. One person, for example, told us about their evening routine; they said staff were aware of this and provided assistance when it was needed. People said they were able to get up and to go to bed at the times they wanted. People's needs had been assessed to identify the care they required. Individual plans had been written which set out the care and support that had been agreed with people.

They covered a range of needs in relation to personal care and the social and cultural aspects of people's lives. The plans related to needs which were specific to the individual. One person, for example, had a care plan for diabetes.

One person who lived at the home told us, "Staff always ask what I want and I am very involved in my care planning process." A relative we spoke with described the care as very good and said staff kept them informed about their family member and described their involvement in care decisions.

Staff we spoke with showed a good understanding of people's needs and the support and care they required. Staff told us there were good communication systems in place to make sure staff were aware of any changes in people's conditions, which included detailed handovers when staff changed shifts.

The home offered a wide range of activities and information about planned activities was displayed using a visual format which helped to make it more accessible to people. Each person had an "About me" folder which included information about people's lives past and present and information about people's preferences and interests. People told us they were happy with the activities that were provided. One person told us, "There is always something to do, I like to get my hair done and go out to the shops."

People told us they enjoyed the activities on offer and were given opportunities to say what they liked to do. People told us about recent activities, which included bingo, baking and numerous visits from outside entertainers. The registered manager told us that people using the service all

had 'a keeping active plan' and activities were based on these plans in consultation with people who used the service and their relatives. We saw that a monthly activities program was clearly displayed on the wall in the dining area. People told us they enjoyed the armed forces day where everyone got dressed up and spent time sitting in the garden.

Activities were arranged in small groups or on an individual basis with different things going on at the same time rather than everyone doing the same thing. One person who lived at the home told us, "I have been to a football match and that was great, I am going again." Another person said, "There are lots of things to do and make."

We looked at three care plans and saw the provider had a policy and procedure on initial assessment. There was a pre-admission assessment that was linked to a person's activities of daily living. We found detailed and up to date assessments of people's needs; records showed that people's care plans were being kept under review. Staff made regular entries in people's records, including daily reports and a monthly summary of their care and support. Overall, the records were detailed and provided information to use when people's care was being reviewed and evaluated.

Care support plans included assessment of risk and appropriate action plans. Care support plans we read showed that the provider took care to ensure that the person was able to have input. Care plans were personalised and included things such as 'This is me'. This included personal aspects such as 'what I like to be called', my life, current and past interests, what makes me feel better if I am anxious or upset and how we communicate. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records.

The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life story with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "We like to keep people as independent as possible, so we prompt as much as possible."

## Is the service responsive?

People's care plans included information about their needs around age, disability, mobility, race, religion and belief, and mental health and cognition. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines. We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People's diverse needs were understood and supported and care records included information about their needs.

There were details in relation to people's food preferences, interests and cultural background. This was reflected in daily life with regard to, for example, the choice of meals for people. People were supported in promoting their independence and community involvement. People continued to be involved in the local community and the home took part in community activities, for example, we saw that people who wished to were regularly taken to church and relatives were able to take people out for a meal or a trip to the shops.

We spoke with a district nurse. We asked about how they worked in partnership with the home to provide for safe and effective care. Our discussion confirmed our findings from written care plans that the home worked effectively with visiting health care professionals. The nurse told us, "If my relatives required nursing home care this home would be on my list of choice".

There was a complaints procedure and information about the procedure was made available to people who used the service. A relative stated, "She has been so well looked after the manager and the staff are such fantastic and helpful people," and another said, "They keep in touch about everything, I am completely happy, home from home with beautiful food".

The complaints policy showed what actions would be taken in response to complaints and where it was indicated we how the provider would have used their staff disciplinary procedures. The registered manager told us they operated an open door policy and encouraged people to tell them if they had any concerns so that they could be dealt with there and then. This was reflected in the conversations we had with people and our observations during the visit. There had been no complaints in the previous twelve months.

# Is the service well-led?

## Our findings

The home had a registered manager. We saw evidence they had notified the Commission of events and incidents that occurred in the service such as notifications of service user death and serious injury. The records we saw were up to date and kept in good order and policies and procedures were reviewed regularly to ensure the information was current and in accordance with 'best practice'. This assured us the registered manager had systems in place to ensure the service was well led.

People and their relatives praised the registered manager and said they were approachable and visible. Relatives spoke favourably about the availability of the registered manager. We saw the registered manager gave people time during the inspection and responded positively to their questions. Comments generally from people and their relatives indicated their satisfaction with the service. For example, people mentioned that they would recommend the home to others. Relatives felt their family members were settled in the home and had good relationships with the staff and management team.

A relative told us, "He does a good job and has a caring attitude; he has the residents' interests at heart." Another person told us, "I would really recommend it here and wouldn't say that if I didn't mean it."

We observed there was a positive and open culture and staff worked well together as a team. We saw staff embodied the values of dignity and respect in all interactions whether with each other, visitors or people who lived in the home. One relative told us this was what they had noticed when they first came to look round the home. They said, "The manager was very open and the staff were so friendly and said hello to me, which was so nice." Another relative told us, "This place is like a big family and I feel very relaxed here".

The registered manager told us "We are very transparent; we work as a team to keep service users safe and happy." Observations and feedback from staff, relatives and professionals showed us that they had an open leadership style and that the home had a positive and open culture. The staff we spoke with felt supported in their work. They told us they attended supervision meetings and their performance was assessed on an annual basis. One staff member told us, "Our manager is very helpful and

cooperative and his door is always open." Staff we spoke with said that they enjoyed their jobs and described the registered manager as supportive. Staff confirmed they were able to raise issues and that the registered manager was 'hands on.' Staff also told us that the registered manager had supported them in going for promotion and had encouraged their development.

Staff told us they were encouraged to put forward suggestions about how improvements could be made and felt their ideas were listened to. All the staff we spoke with said they would be happy for their relative to be cared for in the home and said they loved their job. One staff member said, "It's all about the residents and if they're happy, I'm happy."

Staff understood how their work contributed to the quality of service people received and spoke positively about their roles

People we spoke with told us that there were regular 'relatives and residents' meetings. Records showed that activities, food, staff changes and suggestions for improvements were discussed. The home sought the views of relatives, staff and residents in different ways. People who used the service and their representatives were invited to share their views through a programme of annual quality assurance surveys and meetings which were held throughout the year. People who used the service and their representatives were encouraged to take part in care reviews to discuss and plan how they would be supported to meet their individual needs.

The registered manager told us that yearly surveys were undertaken of people living in the home and their relative's views were also sought. Staff were supported to give their feedback on the service through an annual staff survey and regular staff meetings in addition to their individual supervisions and appraisals. On the day of inspection there was a staff meeting in which all staff participated and their views and opinions listened to.

Policies and procedures had been produced to guide the staff team in their work. These included guidance on maintaining health and safety and responding to any accidents and incidents. Records were maintained about significant incidents and events. These included information about the circumstances leading up to the incident and the action taken to help prevent a reoccurrence. We saw from the records that this

## Is the service well-led?

information was shared between staff and learning points arising from incidents were discussed. A person told us, "The manager always has a chat and checks we are ok." The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.

The provider had a robust quality assurance and monitoring system in place. There was an annual quality assurance plan and this was broken down into a schedule of monthly audits. The audits covered all aspects of the service such as medication, people's care records, people's weights, nutrition, accidents and incidents, the environment and infection control.