

St Vincent's Care Limited

St Vincent's Care Limited

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

The inspection was carried out on 30 December 2014 and was unannounced.

St Vincent's Rest Home is located in Bexhill On Sea. It is registered to provide personal care and accommodation for up to 25 older people in 23 single bedrooms and 1 double room. At the time of our visit the home had one vacancy.

The home had been converted and expanded from a former Victorian vicarage that provides an established homely environment. This is the provider/owner's sole care home. They pride themselves on offering person centred care in a homely environment.

There was a registered manager at the service on the day of our inspection. 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.

There were enough staff to spend time with people and support them in ways that encouraged their independence and made them feel safe. One person told us, "There are enough staff on duty during the day and at night. I feel safe and happy here. If I had any concerns I

Summary of findings

could talk to the manager or their deputy who are both lovely and supportive". A visitor to the home said, "I have been coming here for years and I can say without a shadow of a doubt there's enough staff, definitely. If staff hear a call bell they answer it straight away."

Staff understood how to recognise abuse and to report their concerns. There were policies and procedures in place for managing risk. Risk assessments were centred around the needs of the person. People were encouraged to remain as independent as possible.

Medicines were stored and administered safely. Staff were trained in the administration of medicines and kept relevant records that were accurate and fit for purpose.

People's care, treatment and support needs were clearly identified in their care plans. They included people's choices and preferences. Staff knew people well and understood their likes and dislikes. They treated people with kindness and respect. People were positive about the staff support and the care they received. They said that staff looked after people well and that they were friendly and helpful.

People were supported to have a balanced and nutritious diet by staff that were patient and sensitive. People received different levels of support with eating and drinking to ensure their needs were met.

People were able to exercise choice about how they spent their day. The home provided a choice between a smaller lounge that was cosier and quieter. There was also the larger, busier lounge. During our visit, some people chose to remain in their bedroom and staff checked on their wellbeing in a discreet manner.

Staff had appropriate training and experience to support people. Training was up to date and staff had the opportunity to receive training, specific to the needs of the people they provided care for. The manager was seen to be approachable and had an open door policy.

Staff understood the aims of the home. They expressed confidence in the provider/owner and manager's leadership of the home. There was good communication between staff and everyone helped each other. Everyone we spoke with commented how St Vincent's Rest Home was a homely service with values that carried over into good practice. Staff at St Vincent's Rest Home were the 2014 team award winners in the care category of the NHS Surrey and Sussex Proud to Care Public Choice Awards. The Director of Nursing and Quality for NHS England in Surrey and Sussex said, "The Proud to Care Awards are given to those who have gone the extra mile and delivered exceptional care across Surrey and Sussex."

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?

St Vincent's Rest Home was safe. Staff received appropriate safeguarding training and were confident they could recognise abuse and how to report it. Relatives expressed confidence that their loved ones were safe and supported by the staff.

Individual risks to people were assessed. Assessments were developed and implemented to meet individual need.

Staffing levels were sufficient to safely provide the care and support people required.

Medicines were stored and administered safely.

Good



Is the service effective?

St Vincent's Rest Home was effective. People's nutrition and hydration needs were met and people could choose what to eat and drink.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service caring?

St Vincent's Rest Home was caring. People who lived at the home were happy with the care and support they received. People were treated with respect and dignity.

Staff communicated clearly with people in a caring and supportive manner. They were attentive to people's needs and mindful of their physical health and wellbeing.

People and their relatives told us about how they were involved in the planning about care. People were consulted and kept informed about decision concerning their care.

Good



Is the service responsive?

St Vincent's Rest Home was responsive. People had their needs assessed and their own personalised care plan.

People had the opportunity to access a range of activities. They were involved in making decisions and felt comfortable raising any concerns.

Staff understood the home's complaints policy and said they tried to sort out any minor concerns that people had straight away.

Good



Is the service well-led?

St Vincent's Rest Home was well led. Staff understood the aims of the home, and their job roles. They were motivated and had confidence in the provider/owner and manager's leadership of the home.

Good



Summary of findings

Systems were in place to obtain the views of people, visitors and staff. People spoke positively of the manager and commented that they felt listened to and valued.

The manager carried out regular audits to monitor the performance of the home.

St Vincent's Care Limited

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 December 2014 and was unannounced. It was carried out by an inspector and a specialist advisor. The specialist adviser brought skills and experience in nursing and caring for older people, including those living with the stages of dementia. Their knowledge complemented the inspection team and meant they could concentrate on aspects of care provided by St Vincent's.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are

changes, events or incidents that the service must inform us about. We contacted selected stakeholders including two health and social care professionals and the local GP surgery to obtain their views about the care provided.

We spoke with five people who lived in the home, three relatives or friends of people who lived in the home and a visiting health care professional. We spoke with the provider, registered manager, deputy manager and three care staff. We also gathered the views of kitchen and housekeeping staff.

We observed the care and support people received. We spent time in the lounges, kitchen and dining area and we took time to observe how people and staff interacted. Because some people were living with the early stages of dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at five sets of personal records. They included individual care plans, needs and risk assessments. We examined other records including three staff files, quality monitoring and documents relating to the maintenance of the environment.

The last inspection was carried out on the 5 December 2013 and where no concerns had been identified.

Is the service safe?

Our findings

People told us they felt safe at St Vincent's Rest Home, they said, "They look after me and keep me safe." Another person who was living with early stage dementia said, "Not sure who I can talk to. Not sure who I can trust." The person was seated in the lounge with a member of staff, who immediately took the time to sensitively reassure the person, "You can talk to anyone here." The response was seen to provide confidence and comfort the person.

There were enough staff to safely provide the care and support people required. Although staff were busy, they had time to spend with people and supported them in ways that encouraged their independence and made them feel safe. People told us that when they needed support, call bells were answered quickly. One person said, "I know that if I ring my bell they will come". The home had a dependency tool to assess how many staff were required based on people's needs. This meant that they had the right amount of staff available to provide care as staff numbers were matched to care needs. They were free to devote their time to providing good quality care and support because they were supported, in turn, by staff working in housekeeping, kitchen and maintenance roles.

People, visitors and stakeholders felt staffing levels were good. One person told us, "There are enough staff on duty during the day and at night. I feel safe and happy here. If I had any concerns I could talk to the manager or their deputy who are both lovely and supportive". One staff member said, "We get what time we need for people's care needs." A visitor to the home said, "I have been coming here for years and I can say without a shadow of a doubt there's enough staff, definitely. If staff hear a call bell they answer it straight away." Call bells were rung infrequently because staff were continuously circulating and meeting people's needs before it became necessary for them to use their call bell. When call bells were rung they were answered promptly and courteously.

Staff knew how to recognise and report any safeguarding concerns, including poor practice in the home, so that action could be taken to address it. Staff told us that they had received training in safeguarding adults at risk. The training included the different types of abuse and the signs to look for to indicate that abuse may have taken place. Training records confirmed this. Staff knew to report any concerns to the most senior person on duty and said they

could also speak directly with the home owner. They felt confident that they would be listened to, but if their concerns were not taken seriously, they would refer them to the local authority, Care Quality Commission or the police. Staff demonstrated that they knew how to whistle blow. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The home had a copy of the latest local authority guidance for staff and managers on how to protect and act on any allegations of abuse or neglect. Staff were aware of the guidance.

The provider was able to help protect people from harm as they had systems in place to identify risk. Each person's care plan contained individual assessments in which risks to their safety were identified, such as falls, mobility and skin integrity. They included clear guidance for staff about any action they needed to take to make sure people were protected from harm. For example, if a person was assessed as at risk of their skin breaking down there was suitable guidance for staff from healthcare professionals. Risk assessments were reviewed to ensure that they contained up to date guidance. Staff told us this ensured they worked with the latest information about a person.

Staff told us they received regular fire training and emergency evacuation training. Firefighting equipment placed around the home had been recently checked and was ready for use. The fire emergency evacuation procedure was displayed in the home. An emergency plan included the contact numbers of local services including doctor surgeries, managers out of hours contact details, emergency services and utility providers. Staff told us who they would contact in the event of an emergency. Procedures were therefore in place for dealing with emergencies that may arise whilst providing care.

The manager carried out regular environmental and health and safety checks to ensure the environment was safe and that equipment was fit for use. There were checks to ensure that equipment such as the call bell system was in good working order and to ensure that people lived in a safe environment. Environmental risk assessments were in place to minimise the risks for people living and working in the home from hazards such as slips, trips and falls, poor lighting and loose wiring. Each room in the home was

Is the service safe?

looked at in detail to ensure that it provided a safe environment. Risk assessments identified any actions needed to eliminate or minimise the risks presented to people.

As well as passenger lift, there was also a stair lift in the home. Staff explained that the stair lift was not routinely used but was there as a back-up in case something went wrong with the passenger lift. We saw that both the passenger lift and the stair lift had been checked as part of the maintenance routines in the home. There were records to confirm that health and safety checks were carried out regularly to identify any areas for improvement.

We looked at the home's accidents and incidents. These were reviewed by the management on an ongoing basis. Accidents were promptly reported to the manager and were an accurate record within the home. Where incidents happened that might be considered as safeguarding, these were referred to the local authority and CQC in a timely

manner. The audit and monitoring process showed that the management team were following up all accidents and incidents and where appropriate, had introduced action plans to prevent a reoccurrence.

Medicines were handled appropriately. We saw records of medicines received, disposed of, and administered. Staff administering medication carried out appropriate checks and ensured that the person took the medication before signing the Medication Administration Record (MAR) chart. Recording on MAR charts were accurate and clear. Staff told us and records showed, people were given their medicines as prescribed.

We examined personnel records and saw that they contained all the necessary documents to confirm that a robust recruitment process was in place. Files contained evidence of disclosure and barring service (DBS) checks, references from previous employers and application forms.

Is the service effective?

Our findings

People living at St Vincent's Rest Home received effective care and support. One person told us, "It's my kind of place, I couldn't ask for better. It would take a lot of beating."

Another person told us, "Staff know me well. They listened to me about my needs and have made it work." One person told us that they had moved to St Vincent's because they were finding it harder to live in their own home. They said, "The staff really keep an eye on me" and went on to explain, "I tell them if I don't feel well and I know they will take the right course of action." A healthcare professional with knowledge of the home was visiting five people on the day of our visit. They told us they were confident about the standard of care people received and that referrals to her team were, "prompt and efficient".

During the lunch time staff asked people to confirm their meal preference. We saw staff gave people time to make their decision. People told us that if the menu choice was not to their taste then alternatives were provided. One person said they had mentioned a preference for a particular dish to the cook and this was then made available to them. The food was well presented and people told us they enjoyed their meal and the quality of the food. Where people required additional assistance to eat, for example in cutting food, support was provided in a friendly manner. Staff were obliging and kind and the atmosphere was calm, conducive to a pleasant dining experience for everyone. During the meal we saw staff regularly checked with people to enquire whether they needed anything.

Staff were able to tell us about people's care plans and demonstrated a good understanding of people's needs and preferences. As well as giving us examples of what people liked to eat, they were also knowledgeable about their preferences for social activities and recreation. Staff knew about people's histories and life stories. For example, one person had spent their career in the military and had retained many of the practices and expectations associated with the lifestyle. This included following a very structured daily regime and having a 'spick and span' bedroom where 'everything was set out just so.' Staff respected this person's values and followed their expectations of standards of dress and presentation. Care plans reflected this knowledge. For example, a care plan referenced aims to help the person maintain a healthy lifestyle. It highlighted the person's individual wishes and recorded how they were

to be supported in line with their stated aims. Health conditions were taken into account when planning the care and support. We saw a range of health related issues within care plans that included tissue viability, nutrition, mental health and promotion of continence.

People were supported to maintain good health and received on-going healthcare support. People told us they were well looked after and had regular access to healthcare professionals. One person told us, "If I need to see my GP they always arrange it." Another person told us, "If I ever feel unwell, they always ask if I want my GP called out." A member of staff told us, "All people are registered with the GP. We have a good rapport with the GPs at the surgery and if we feel someone requires a GP visit, they will always come out and see the person." A visiting healthcare professional spoke positively of the care provided and how care staff monitored people's health and could quickly identify when someone was unwell. Another health and social care professional said, "The staff are good at integrating their knowledge and training into practice. So, for example, they understand and manage behaviours that may challenge any other service. They use non-pharmaceutical interventions and communication skills to meet people's needs."

Staff had appropriate training and experience to support people. Records showed training was up to date and staff had the opportunity to receive further or refresher training, such as in safeguarding, dementia and end of life care, specific to the needs of people. There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. Staff told us they felt supported and had regular training.

All staff received regular one to one supervision sessions and a scheduled annual appraisal. Supervisions were recorded and the manager told us staff could request additional supervision at any time if they wanted. Staff confirmed they felt able to do this. Supervision sessions covered areas such as work performance, people's support and development needs. Supervisions were a helpful opportunity for the manager and staff to both contribute to the discussion. In addition, there were opportunities for staff to meet with the manager outside of formal supervision. As well as being very visible 'on the floor' the manager had an 'open door' approach to supporting staff.

We saw records of staff meetings that were held regularly and gave staff the opportunity to share knowledge and

Is the service effective?

discuss care practices. At the last meeting we saw that there had been a discussion about a recent standards and values assessment which was carried out as part of the provider's processes to monitor the quality of services. There were discussions about how steps could be taken, such as making entries in daily records even more individual. Staff told us they found these meetings useful.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a clear understanding of DoLS and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. Staff demonstrated a sound understanding of the legal requirements of DoLS. One staff

member told us in detail about scenarios and how they could be seen as a deprivation of liberty. On the day of the inspection, no one was under a deprivation of liberty safeguard. People's freedoms were appropriately protected.

The manager demonstrated they understood the principles of the MCA and was aware of a recent Supreme Court ruling that clarified expectations regarding the legislation. Although there were no current DoLS authorisations under consideration the manager maintained knowledge of the planning process to make sure the care people received remained effective. Some people's care records contained a Do Not Attempt Resuscitation (DNAR) form. People were assessed as having the capacity to make this decision for themselves, although where appropriate, the discussion was shared so that everyone was aware of the person's wishes.

Is the service caring?

Our findings

People appeared happy, comfortable and relaxed in the home. One person told us, “If you’re feeling like you can’t manage [at home] they will look after you and help you to get on and teach you to make the best of it.” A relative told us, “[My relatives] care is brilliant. Everything – the care, the location and it has a staff team dedicated to their role.”

We took time to observe how people and staff interacted. We saw frequent friendly engagement between people, their visitors and staff. Staff responded positively and warmly to people. Throughout our inspection we saw that staff routinely asked after people’s welfare when passing through communal areas. If anyone wished to discuss a concern or just wanted a chat we saw that staff took time to listen and respond to the person. Staff also understood and were confident responding to the need for appropriate physical interaction. For example, they were comfortable to hold people’s hands when it was requested or needed and they kept up effective eye contact during conversations. When more time was needed to be spent by staff to ensure people communicated their needs, they were patient and encouraging. Staff responded to the individual needs of one person whose deteriorating eyesight meant they risked becoming more isolated. They responded appropriately and followed a consistent style of communication that reassured and comforted that person.

The principles of privacy and dignity were understood by staff. When people approached staff for support with their personal care needs they were met with kindness. They worked with care and compassion. People recognised their own care needs and felt confident asking staff for help. People we spoke with confirmed they felt involved in their care. One person told us, “I can make my own decisions and I know when I need help from people.” Staff focussed on the value of every person as an individual. It meant they respected their views, choices and decisions. They did not make assumptions about how people wanted to be treated. For example, even though a person had wanted

tea as refreshment they did not presume that was their choice on every occasion. They used the opportunity presented to talk with the person about their choice and acknowledged and respected the choices made.

People were able to spend time in quiet areas when they chose to. The smaller, quieter lounge provided a cosy area for people to spend time away from the larger lounge. During our visit, some people chose to remain in their bedroom and staff checked on their wellbeing in a discreet manner. All staff gently knocked on people’s bedroom doors, announced themselves and waited before entering.

People were dressed in the clothes they preferred and in the way they wanted. People and their visitors to the home commented on the way attention was paid to personal appearance and celebrating milestone events such as birthdays or Christmas. One visitor commented on the, “Care and affection shown to my [relative]. The effort the whole team, each and every one of them, puts into making [my relative] feel valued is lovely to see. They care for some of the most vulnerable people.” Staff at St Vincent’s Rest Home were the 2014 team award winners in the care category of the NHS Surrey and Sussex Proud to Care Public Choice Awards. The Director of Nursing and Quality for NHS England in Surrey and Sussex said, “The Proud to Care Awards are given to those who have gone the extra mile and delivered exceptional care across Surrey and Sussex.”

The home sought feedback through annual surveys and monthly people focussed meetings, entitled committee meetings. Minutes from the committee meetings demonstrated people’s opinions were actively sought and they were active contributors to the agenda.

In the home’s satisfaction survey, all the responses to questions related to issue of care were answered overwhelmingly positively. Replies to a question about quality of care achieved a seventy five percent response of excellent. The remaining twenty five percent of respondents thought that the care was ‘fair’. We noted the comment, ‘I have and will continue to, recommend St Vincent’s, it is a friendly, competent home.’

Is the service responsive?

Our findings

People told us they were well looked after and supported to do activities which were important to them. One person told us, “I am not ready to just sit in the lounge and close my eyes like some of the others. There’s enough to do and it’s about keeping busy but I would like to go out more.” A relative said, “I come most days and there’s always something going on, [the activities coordinator] is fantastic. They are different activities on the special dates, so they had a St Georges Day theme back in the Spring. More recently there has been Bonfire Night. There are regular curry nights for those that like it. During the summer they run the Gardening Club.”

Care plans considered people’s health and social care needs. Their physical health, mental health and social care needs were assessed and care plans were developed to meet those needs. Care plans included information on the person’s next of kin, medical background, dietary needs and health needs. Information was available on people’s religious and cultural needs and they supported people to attend services either in places of worship or held in the home itself.

People had health and social care needs that required monitoring. These included vision impairment, history of falls and risk of skin breakdown. Their individual care plans reflected the need in these areas and the support required. The information recorded in their care plan provided guidance on how to manage the individual risks and healthcare needs. For example, in some people’s notes skin integrity was recorded. Their care plan identified the assistance they required with personal care and information was available on how to minimise the risk of skin breakdown. Staff members had an understanding of the person’s healthcare needs and could tell us what they were doing to reduce the risk.

Care plans were personalised to the individual. Information was available on people’s likes, dislikes and personal history. The needs of the whole person were explored along with their preferred choices. For example, care plans recorded favourite activities or pastimes. They also recognised that for some, changes to routines could be a cause for stress. People told us that this was discussed with them. Staff were aware of changes in people’s needs that could occur on a daily basis. Systems of daily records were completed and contained information about each person’s

day and what they had done. These plans followed by staff. There were also verbal handovers, supported by the daily notes between staff shifts. Staff told us there was good communication within the home.

People and their relatives told us they were asked about things that were important to them when they moved to St Vincent’s Rest Home. This included how people preferred to be addressed, to socialise and if people preferred to stay mostly in their own rooms. Staff demonstrated they understood people’s likes and dislikes and knew the significance of respecting people’s daily routines. It indicated that care was personalised, caring and responsive. Care plans contained information about people’s preferences and information about their family history. This enabled staff to understand about a person’s past, before they entered the home and how this influenced their current preferred life choices.

People were actively involved in their care. Care plans were reviewed and at each care review, the individual’s short and long term goals would be evaluated. The effectiveness of the care plan was considered against the question of whether the person continued to have any unmet needs. People told us they felt involved in their care. One person told us, “I can trust all the staff. They don’t just give lip service to involving me, they really listen.”

The home kept an activities record. People told us they enjoyed the activities provided. We visited in the week between Christmas and New Year and saw the festive decorations and effort people and staff had taken to mark the occasion. While activities were offered to all, some people most enjoyed spending time in their room. Their bedrooms had been decorated to reflect people’s personal taste with photographs and other cherished personal mementos on display. One person told us, “I like sitting in my room watching television. I’m content, I keep myself to myself and they respect that.”

People received personalised and responsive care. Care was based on the person’s own needs, wishes and what was needed to promote their wellbeing. Staff had a good awareness of the aging process and the impact on their individual health and psychological well-being. This extended right the way through to end-of-life care.

People told us that visitors were always made welcome. The manager and provider explained good communication with families was important to exchange information and

Is the service responsive?

to help people maintain relationships. Staff noted when visitors called, when people went out with relatives and important discussions with families, for example about upcoming visits or planned trips out. We spoke with a person and their visitor, who had returned from an outing. The relative told us, "The atmosphere in the home is marvellous. I've never seen anyone, resident or staff downhearted. All seem to enjoy living or working here and [my relative] is happy here, which is the main thing."

People said that if they had any concerns they would talk to the senior member of staff or manager on duty. They were confident they would be listened to if a subject needed

addressing. Staff understood the home's complaints policy and said they tried to sort out any minor concerns that people had straight away. However, if the complaint was more serious they would contact a senior member of staff and make a record of the complaint. The complaints file showed that there was a robust procedure in place which provided for a prompt response to issues raised. St Vincent's Rest Home, as a small independent establishment, had a management team who were actively involved in the running of the home and were available for people to meet with them if they had specific concerns.

Is the service well-led?

Our findings

St Vincent's Rest Home is a small, independent care home in Bexhill. The team of staff, led by the registered manager, were committed to running a safe, happy and caring home. People spoke highly of management and commented they felt the home was well run. They were assisted by a capable team of staff who demonstrated professionalism, skill and insight. These attributes were fostered by effective leadership. The relative of one person told us, "I honestly can't fault them. The management and staff are so attentive to the needs of residents. They are being well cared for. Well, they won that award (NHS Surrey and Sussex Proud to Care Public Choice Awards) didn't they and they don't get that for nothing. It's all about quality of life here."

The home distributed a monthly newsletter and people and staff we spoke with were made aware of what was going on in the home. For example, people said, "We always know what's happening and can tell people what we think" and "I am kept up to date with all the information I need here".

There were regular meetings for people who lived in the home to discuss issues about day-to-day life. Monthly meetings, entitled committee meetings, were held with people who used the service. Minutes from the committee meetings showed people were encouraged to contribute to the agenda and influence outcomes. A recent meeting recorded a consultation about the role of the allocated keyworker system and a discussion of current menu choices. The management team were able to talk about and give examples of the promotion of a culture in which the welfare, well-being and happiness of the people who lived at the home was a priority.

The management structure in the home provided clear lines of responsibility and accountability. Staff members were aware of the line of accountability and who to contact in the event of an emergency. Staff members spoke positively about the leadership and management style of the provider. We were informed that the provider was approachable and supportive. The values of the home

were evident in the delivery of care, every staff member we spoke with was aware of the values, for example of personalisation. We observed that the provider took an active role in the running of the home and had a thorough knowledge of the people and staff. On the day of our visit the provider was present. We were told by people and staff that the provider attended for at least one full day a week. People appeared comfortable and relaxed in their dealings with the provider and manager.

Staff were supported with regular supervision and team meetings. Staff said that they enjoyed their jobs, gained satisfaction from it and described management as supportive. Staff confirmed they were able to raise issues and discuss the way the service was provided in one to one or staff meetings. The manager encouraged staff to raise issues of concern with them, which they acted upon. For example, we saw that care routines for people were discussed and staff were able to reflect on how they worked and suggest new ways of working. Staff spoke positively to us about the culture and management of the service.

There was a system in place for recording accidents and incidents. Records included the nature of the incident or accident, details of what happened and any injuries sustained. Opportunities were taken to monitor and then analyse incidents and accidents to look for any emerging trends or themes.

The manager carried out regular audits to monitor the performance of the home. These included audits of medicines, the physical environment, health and safety, accidents, incidents and risk assessment reviews. We heard how the management of the home were revaluating and redesigning an audit around care plans. It effectively brought together the ideas and knowledge of people's key worker and the manager reviewing care. This was directly in response to feedback that had been sought out and taken on board to further try to improve the experience of care for people. The audits were used to identify areas which could be changed to bring about further improvement to the home.