IHDF Limited

Elmhurst 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

Summary of findings

Overall summary

This inspection took place on 2,3 and 4 October 2018 and was unannounced. On 2 October 2018, we visited the home and on 3 and 4 October 2018, we spoke with three health care professionals on the telephone and reviewed other records sent to us by the registered manager.

Elmhurst is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 20 older people and older people living with dementia in one adapted building. Accommodation is provided over three floors. At the time of our inspection there were 18 people living at the home.

This is the first inspection since the provider registered with the CQC under a new legal entity in January 2018.

There was a registered 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 2008 and associated Regulations about how the service is run.

Staff were mostly recruited safely. Overall records showed appropriate recruitment checks had been completed. However we have asked the provider to ensure comprehensive records of all recruitment checks were consistently maintained.

There were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was effective and relevant to their role. Staff were supported by the registered manager and received formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with kindness, respect and compassion. People felt safe at the home. Staff and the registered manager understood how to make appropriate referrals to the safeguarding team when this was necessary.

Care plans were updated regularly and most reflected accurately what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Accidents and incidents were well documented which reflected outcomes and actions taken to mitigate the risk of reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service was

complying with the legal requirements of the Mental Capacity Act 2005. We saw good evidence people's consent was sought. Consent had been obtained from people about the use of CCTV used within the home and signage about this was visible in the entrance hallway.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said they enjoyed the food. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer, according to people's preferences and choices. Visitors were made to feel welcome and staff knew people and their relatives well. The home was homely, well decorated, clean and tidy.

The complaints procedure was displayed. Records showed complaints received would be dealt with appropriately although none had been received since the provider's re-registration.

Everyone spoke highly of the registered manager, said they were a visible presence in the home, and were approachable and supportive. The provider had systems in place to monitor the quality of care provided and where issues were identified, action was taken to make improvements. People's feedback was sought though regular meetings and surveys. Actions from these were seen to take place.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Medicines were managed safely and reviewed regularly.

Staff were mostly recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the appropriate skills and knowledge to meet people's needs.

Meals at the home were good, offering choice and variety and people's nutritional needs were being met. People's healthcare needs were supported.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us staff were kind and caring. We saw staff treated people with kindness and compassion and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

People were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's care records were person-centred, mostly up to date and reviewed every month.

There were activities on offer to keep people occupied, dependant on people's choice.

A complaints procedure was in place and people told us they felt able to raise any concerns. No complaints had been received since the provider's re-registration.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective and visible leadership and management of the home.

Quality assurance systems were in place to assess, monitor and improve the quality of the service.

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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 inspection took place on 2 October 2018 and was carried out by one adult social care inspector and an adult social care inspection manager. The inspection was unannounced.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining room. We usually use the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. However, on this occasion we did not complete a SOFI since most people could express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included reviewing elements of three people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with four people who used the service, one relative, two care workers, the cook, the deputy manager, the registered manager and the provider. Following the inspection, we spoke with three community nurses on the telephone and reviewed further records the registered manager sent us on 3 and 4 October 2018.

Good

Is the service safe?

Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I do feel safe here" and "I feel safe here. I don't know why – I just do… it's a nice home." A relative commented, "I feel [relative's] really, really safe here."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager understood their responsibility to make appropriate referrals to the safeguarding team when this was needed, although no safeguarding concerns had been identified since the service had re-registered in January 2018. This meant staff understood and followed the correct processes to keep people safe.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed and overall processes were followed. We looked at three staff recruitment records and saw, in two out of three cases the registered manager obtained two references and carried out Disclosure and Barring Service (DBS) checks for staff before they commenced work. DBS checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession. Where only one reference had been obtained, the registered manager was able to give a valid explanation, although this was not documented in the person's recruitment file. The registered manager told us they completed risk assessments and discussed with prospective candidates if any concerns were identified through the DBS process. However, there was no documentation to this effect in one person's recruitment file. The registered manager assured us this had taken place and would ensure these were documented in people's recruitment files in future. The staff member no longer worked for the service. From our discussions and review of other recruitment files, we concluded this was an isolated documentation omission.

We recommend that the provider ensures that comprehensive staff recruitment records are consistently maintained

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relatives told us there were enough staff on duty and they received support promptly when they requested it. Staff we spoke with told us there were enough staff on each shift to ensure people's needs were met. One staff member told us, "Yes and there's a lovely routine going on." The registered manager told us staffing levels could be increased if people's needs changed.

The care team were supported by three part-time cooks, ancillary staff to assist with the laundry and cleaning of the service, and a handyperson who worked at the home one day per week. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked cabinets or fridges. Keys were kept in key safes which only the team responsible for administering medicines had access to. The management team took responsibility for administering medicines and we saw them doing

this with patience and kindness. Staff responsible for administering medicines were suitably trained and their competency was assessed annually. We saw the person responsible for administering medicines on the morning of our inspection explained patiently to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen or that alternatives had been discussed with the GP and put into place, with information recorded in the person's care plan.

Medicines were checked and audited by the service and actions taken as a result of any discrepancies. The medicines system had recently been independently audited with no concerns highlighted.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Safety features were installed such as window restrictors to reduce the risk of falls and radiator guards to protect against burns. Personal emergency evacuation plans (PEEPs) for people who used the service were in place and up to date. These gave information about what support people would need should an emergency arise. The management team took turns to be 'on call' in the event of an emergency.

We saw the fire alarm was tested weekly and fire drills were held, although after discussing with a fire officer, the provider agreed these could be made more robust and regular. We referred the service to the West Yorkshire Fire Service for advice concerning the completion of the fire risk assessment, which although detailed, had been completed by the provider rather than a specialist in fire safety. One person was being nursed in bed and had requested their door remained open. We saw clear details were documented in their care plan and a door closure device had been fitted which would deploy in the event of fire. This showed the registered manager had considered the needs of the person as well as safety actions required in the event of a fire.

The home was clean, tidy and odour free. Staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. A recent infection control audit had been completed by the local authority and the service had scored 98.11%, with minor actions recommended, which we saw had been implemented.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again, such putting a falls mat in place or increased monitoring from staff. Assessments were in place which identified risks to people's health and safety. These clearly showed what action had been taken to mitigate these risks.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us training opportunities were good and there was plenty of training on offer. People told us staff were knowledgeable about their care and support needs and knew how to support them effectively. One person told us, "Oh, yes – staff are all good."

A training matrix was in place to ensure staff updated their training when required. This included subjects such as fire safety, first aid, food hygiene, moving and handling, dignity and respect and dementia. The service used a mixture of face to face and workbook training which were sent away to be independently marked. Staff new to care completed the Care Certificate which is a government recognised training certificate designed to provide staff with the required skills for the role.

The service had a flexible approach to induction, dependant on the experience of the applicant. This included reading care records, policies and procedures and completing several shadowing shifts. The registered manager or deputy manager signed new staff off after the initial probation period of three months if they had proved their competency in the role.

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. Annual appraisals were also completed which looked at staff performance and development over the year.

People's nutrition and hydration needs were met and people's nutritional needs were assessed using risk screening tools. People who used the service told us meals were good and they were always offered a choice. Comments at lunchtime included, "It's lovely", "Delicious" and, "I've had the pie and it was lovely." We sampled the food at lunchtime and found it tasty and well prepared.

Staff asked people during the morning what they wanted to eat and their choices were noted and passed to the cook. The cook spoke with people after their meals to check if they had enjoyed the food and if any changes were required. People were consulted about the menus and some choices, such as curry, had been incorporated into the menu as a result. At mealtimes there was a pleasant atmosphere, and staff offered people appropriate encouragement and assistance where required to eat and drink. We saw plate guards were used for some people to encourage them to eat independently. Some people had requested their plates be warmed before food was served and staff made sure this was done. A staff member delivered a plate of food to one person and said, "Here you go, [person's name]. It's a small one on a hot plate, just as you like it." This showed staff took note and acted upon people's preferences.

We spoke with the chef who explained they were given information about people's dietary needs and preferences. At the time of our inspection they were providing a fortified and soft diet for one person who had been assessed as being nutritionally at risk. People who were assessed as being nutritionally at risk were weighed regularly and referred to the GP or dietician. Records showed people were being offered high calorie snacks and drinks in line with their care plans.

There were choices available for every meal and alternatives provided if people did not want to eat what was on the menu. Jugs of juice were available in the lounges and fresh fruit was left out in bowls so people could help themselves. Other snacks such as biscuits and cakes were also readily available. Supper snacks, such as cakes and sandwiches were offered twice in the evening to make sure people had enough to eat throughout the day.

People's healthcare needs were being met. In the three care files we looked at, we saw people had been seen by a range of healthcare professionals, such as GPs, continence nurses, district nurses, dieticians, speech and language therapists, chiropodists and opticians. We spoke with three health care professionals following our visit to the service who told us staff contacted them appropriately and followed any advice they were given. The registered manager and staff told us they had a good relationship with the district nurses and they could ask them for advice. One person's relative commented, "They're on the ball with everything."

The building had been adapted to meet the needs of people who used the service. The accommodation was spacious with two large, homely looking lounges, one of which was designated as a quiet lounge, and a conservatory for people to spend time in different areas, according to their wishes. For example, some people enjoyed watching topical programmes on the TV, commenting to others about what they were watching, and other people told us they preferred to sit quietly. Communal rooms, toilets and bathrooms were easily identified with dementia friendly signage and plain carpeting had been laid. People's bedrooms were personalised with items of their own furniture, ornaments, pictures and photographs. However, one person commented, "We could do with more toilets." We saw there was a toilet on the ground floor and two on the first floor. The person explained they found it difficult to manoeuvre in the ground floor toilet and had to "go in backwards" due to their mobility aid. We asked if they had mentioned this to staff or brought the subject up at a resident's meeting and they said they had not and commented it they thought it would be difficult to adapt the toilet facilities due to the lay out of the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the MCA and the registered manager had a good understanding of the Act. People's capacity to consent to their care and support was assessed. Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. Several applications were awaiting assessment by the local authority. Where DoLS had been granted with conditions put in place by the local authority, we saw care plans reflected these. For example, one person was supported to access the local community by staff and their safety was monitored by staff through

regular checks.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process. For example, we saw evidence that consent had been obtained from people and/or their relatives about the CCTV used within the home and signage about this was visible in the service's entrance hallway.

The registered manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the registered manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

People who used the service told us the following about living at Elmhurst, "They're lovely. All the girls are nice", "(Staff) are very nice. There's one or two that are a bit abrupt", "It's very nice here. Staff are right enough – kind... It's a nice home, is this. The ladies (staff) are nice. Staff are good, without a doubt." and "It's like a family here." We saw photos of people who lived at the service were displayed around the home, including past photographs and photographs of special events in the person's life. This helped create a 'home from home' environment.

A relative told us, "I absolutely love Elmhurst. I can only give praise. Absolutely love we placed [relative] here" and "It's very much home from home. It's very homely. We came to visit and got that nice feel about it straightaway… Staff are all approachable. I can't praise them enough, to be honest – so happy. The home has been a lifesaver for us. Every person should have an Elmhurst. I think [relative} is really happy here."

The community nurses we spoke with told us, "Staff know people well", "No concerns about the care… sometimes a couple of members of staff can be a bit short with a service user", "Good continuity of staff… They have the ethic that it's their home… it's more of a home… the majority of staff have been there a long time... very personalised care."

The atmosphere at the service was very homely and relaxed. People enjoyed making a fuss of the home's pet cat and cockatiel. One person remarked about the cat, "Ooh, I do love it." They told us they had a special name for the cat, 'Chicken Pie', because they thought it suited this and laughed with staff about this. People looked contented and at ease with each other and staff. It was clear good relationships had developed and this had been aided by the continuity of a stable staff team. For example, when a staff member walked into the room where we were talking with people, one person said, "This one is exceptional." Another person told us, "As soon as [same staff member] comes into the room, [person] turns the light on with [person's] smile." The staff member laughed and thanked both people, telling them they were very kind.

Staff communicated well with people to provide comfort and reassurance and treated people with dignity and respect. For example, we saw staff sat with people rather than stand over them to talk with them, or lowered themselves to the same height to chat with people face-to-face who were seated. Staff told us how they maintained people's dignity and were mindful of their privacy whilst delivering care. One person's care record instructed staff to, 'be discreet and offer [person] assistance; [person] may accept it with encouragement.' Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. Although one person was being nursed in bed with their door open, we saw this had clearly been documented in their care plan and was at their request.

People who used the service were supported to be as independent as possible. For example, we observed where possible, people were encouraged to mobilise themselves with minimal support and guidance from staff, using mobility aids. However, we saw staff quickly intervened if a person needed assistance. A poster was displayed in peoples' bedrooms which said, 'By actively encouraging you to do as much as you can for

yourself, we will be able to help you speed up your recovery and make it easier for you to manage your day to day life in the home.' Another person wished to make their own hot drinks using the kitchenette area and staff had assessed and supported the person to do this.

Staff knew people's favourite activities and how they liked to be communicated with. Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in laughter and further conversation. It was clear from our observations that staff knew people well and approached people in different ways, according to their individual needs and personalities. The registered manager told us, "Staff know service users well – they're like family and friends." They told us some people came back downstairs in the evening to watch the television once they'd got themselves ready for bed and put their feet up on the sofa to relax, as if they were in their own home.

What staff told us about people correlated with what was recorded in peoples' care records. For example, one person's care records documented how they did not want curtains but blinds in their room and did not want their door to be closed. When we visited the person in their room, we saw blinds were at the window and the door was open. This also showed how the service was responsive to people's needs.

People who used the service and relatives had been involved in developing their care plans where possible. People told us staff respected their choices and they could get up and go to bed when they wanted, sit where they wanted and asked what they liked to eat and drink.

Mealtimes were relaxed and social occasions and people chatted together about a variety of topics. We saw staff used this time to chat with people, asking them about their day and the food they were eating. We saw people's birthdays were marked with a special cake and celebration which included friends and relatives wherever possible.

Visitors were made to feel welcome and greeted warmly by staff. For example, visitors were encouraged to help themselves to hot drinks using the kitchenette area in the dining room. One person's relative said, "I just come in and make a drink. Staff are really friendly."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights. For example, arrangements were in place to support people's religious beliefs and periodic religious services were held for those people that wanted to attend.

Good

Is the service responsive?

Our findings

People who used the service and relatives told us they had been involved in the care planning and review process. People's needs were assessed prior to coming to live at Elmhurst to ensure the service could meet their care and support needs. Care records were devised from the results of the assessment and ensured required support and equipment was in place as soon as possible.

Care records were detailed, highly personalised and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. For example, one person's care plan highlighted that they were frightened of enclosed spaces and detailed actions to be taken after discussion with the person, such as removing curtains and using blinds, and ensuring the bedroom door was kept open. Staff could tell us about this, which showed staff read and noted these details.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

People's end of life care needs were planned for. We saw people's wishes had been discussed with them or their families and documented accordingly.

Care records were reviewed monthly to ensure these were kept up to date and relevant. However, we saw in one person's care record, it indicated the person could complete their own personal care with assistance from staff, which was not correct as staff were now completing this due to the person's deteriorating health. We spoke with the registered manager and deputy manager who agreed this had been missed and would be updated. From our discussions and review of other people's records we concluded this was an isolated documentation omission and action would be taken to rectify. For example, the same person's care records highlighted a recent weight loss and subsequent review with the GP and district nurses.

Complaints were taken seriously and investigated although none had been received since the service had re-registered. The complaints procedure was displayed and detailed in the service user guide. People told us they had no concerns but would speak with the registered manager if they were unhappy about anything. A relative commented, "We haven't had to raise concerns but I know how to do it." We saw many compliments displayed within the home about the standard of care and support as well as the kindness shown by staff.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs. For example, one person's care record detailed how staff should speak slowly and clearly to a person who had difficulty with

communication, using hand gestures. We saw staff doing this during our inspection.

People were offered a range of activities, according to their preferences. For example, although on the day of our inspection, the activities schedule on display showed pampering was to take place, people chose to enjoy a game of bingo instead. Other people spent time knitting, chatting with staff and each other and discussing the 'daily chat' newspaper which featured articles from 30 years ago and the present day. The deputy manager told us this led to some lively group discussions. The service also organised events such as birthday parties for people and to celebrate occasions such as 'Armed Forces' day. Many photos were displayed around the service showing people enjoying these celebrations and events.

People were supported to maintain links with the local community. For example, some people visited their local church with relatives and other people were supported by staff to go out shopping and to outside events.

Good

Is the service well-led?

Our findings

There was a registered manager in post who provided leadership and support. They were supported by the provider and a deputy manager. People who used the service and relatives told us the management team were well thought of and said they were friendly and approachable. Comments included, "She looks after me, does [Registered manager's name]", I do like [Registered manager's name] – she's a nice lady. [Registered manager's] the boss", "[Registered manager's name] and [deputy manager's name] are brilliant."

We found the management team were committed to making a difference to the lives of people living at the service. There was a clear vision about delivering good care, and achieving good outcomes for people living at the service whilst fostering a homely environment. This was evident throughout our inspection. The registered manager told us, "We've got a good team; a good working ethos." They went on to tell us they liked to spend time working on the floor, assisting with people's care and support so they could show staff a good example and lead from the front. They told us, "It's the caring side that counts. I like to be involved in the actual care so I know what's going on. That's why I came into this job."

Health care professionals we spoke with were complimentary about the service. A community nurse told us, "It's a very well organised home… [Registered manager] is good – seems to manage the clientele very well… I would and have recommended it to other people." A relative told us. "I would recommend [Elmhurst] – I have spoken to people about it." Everyone we spoke with told us they would recommend the service as a place to live.

Staff we spoke with were positive about their role and the management team. Staff morale was good and staff said they felt confident in their roles and felt supported by the registered manager and could approach the management team with any concerns. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One staff member told us, "It's like a big family."

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included medicines audits, health and safety audits and environmental audits. We saw if any shortfalls in the service were found, action had been taken to address any issues. However, we spoke with the registered manager about implementing a care plan audit process to ensure these were being reviewed and updated correctly. This was not currently in place. In addition to the provider and registered manager's audits, we saw independent audits had been carried out by the local authority infection control team and the local pharmacy had carried out a medicines audit. Actions had been taken to address any issues identified.

People's views about the service were sought and acted upon through regular service user/relatives' meetings and surveys. The service supported a dementia charity by holding annual fundraising events where people were encouraged to assist and take part.

Regular general and topic specific meetings for staff were held to discuss any concerns, issues and service updates. For example, we saw meetings had been held to update relevant staff with updates to the medicines system.

The registered manager and the provider had established good links with other agencies. The provider attended meetings with the local authority and the care provider forums and disseminated information back to the service. The registered manager took an active role to ensure best practice was constantly developed within the service, working in partnership with GPs, district nurses and other healthcare professionals in the local area to provide optimum care to the people living at Elmhurst.

The registered manager told us they kept up to date with best practice guidelines through regular updates from CQC and other on-line social care bodies, and by liaising with health care professionals. The deputy manager told us they kept up to date with medicines management, saying, "I always refresh myself on the NICE guidelines." The National Institute for Health and Care Excellence (NICE) is an executive non–departmental public body of the Department of Health which publishes health and treatment guidelines to assist best clinical practice in health and social care.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.