Phoenix Healthcare Limited

Warren Lodge Care Centre

Inspection report

Warren Lodge
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Ratings

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

Overall summary

The inspection took place on 5 August and 13 October 2015 and was unannounced.

Warren Lodge Care Centre offers accommodation for up to 55 people requiring support and personal care by reason of age. Some people may have additional needs relating to dementia. The service is divided into two main units. The Courtyard and the Main House. At the time of the inspection 48 people were living at the service.

The service had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

On the first day of the inspection we found a shed in the garden used to store chemicals, tools and equipment could not be securely locked. This was a potential risk to

Summary of findings

people's safety. We raised this with the registered manager and maintenance manager who took immediate action. By the end of the first day of inspection the shed had a new lock and was secure.

Areas of the perimeter fence were in poor condition and uneven outdoor surfaces could present potential risk to people using the service. This had been identified by the service and was being addressed with plans to make the garden area safe, secure and more appealing for people using the service.

Individual risk assessments had been carried out. These included assessing the risks associated with moving and handling, skin integrity and poor nutrition. Risk assessments were reviewed regularly, however, we found recording of these was not always accurate and there was not always sufficient direction for staff to follow. This was reviewed by the registered manager and care manager and by the second day of the inspection improvements in recording and instruction to staff had been made.

Trends in accidents had been identified and the service was working with the Berkshire NHS Home Support Team to complete an action plan to reduce falls in the service.

There were usually sufficient staff to meet people's needs and keep them safe. People said there were enough staff and their needs were attended to promptly. However, there were times when staff felt stretched if cover was not available when colleagues were off ill.

There was a relaxed and positive atmosphere in the service. People were treated with kindness, compassion and respect. People who use the service and their relatives told us they were happy with the care they received. Staff were aware of how people liked to receive their care and people's personal preferences were recorded in their care files. Where possible people had been involved in making decisions about their care.

People had the opportunity to engage in a full and varied programme of activities and links were maintained with the local community.

Privacy and dignity was maintained and staff promoted independence whenever possible. People told us they felt safe living at the service. Staff were knowledgeable about their responsibilities to keep people safe and understood how to report safeguarding concerns.

Staff worked with health professionals to ensure any health needs were met. There was a medicine management system in place and people received their medicines from suitably trained staff who had their ability and knowledge monitored. Medicines were stored, administered and disposed of safely.

Staff recruitment processes were robust to ensure those employed were suitable to work in the service and to protect people against the risk of abuse. Training was available to all staff and refreshed regularly. Staff were encouraged to gain recognised qualifications and received regular support from their managers.

People who could not make specific decisions for themselves had their legal rights protected. People's care files showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty.

Complaints were investigated and responded to appropriately. The quality of the service was monitored by the provider and audits were conducted regularly by the registered manager. Feedback about the quality of the service was encouraged from people, visitors and stakeholders and used to improve and make changes to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe:

Areas of the garden fencing and pathways required attention and were a potential risk to people.

Records relating to the management of individual risks were not always accurate.

There were usually sufficient staff to meet people's needs. However, staff felt stretched at times when cover was not available for ill colleagues.

Medicines were stored, administered and disposed of safely. People were protected from the risk of abuse. Staff knew how to recognise signs of abuse and the action to take to report concerns.

Is the service effective?

Good

The service was responsive.

Staff were supported by regular one to one meetings with their manager. Staff had the knowledge and skills to carry out their role and they received appropriate training.

People received healthcare support from appropriate professionals. People were supported to have sufficient to eat and drink in order to maintain a balanced diet. Dietary advice and guidance was followed by staff.

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

Is the service caring?

Good

The service was caring.

Staff worked in a caring, patient and respectful way. People were encouraged to be as independent as they wished.

Staff knew people well. They understood people's personal needs and preferences. They gave explanations when providing support and worked at a pace to suit the individual.

Is the service responsive?

Good

The service was responsive.

People were offered choice in all aspects of their daily lives.

Care plans reflected people's need and were reviewed regularly. People and their relatives had been involved in planning care whenever possible.

Summary of findings

A full and varied programme of activities was provided. People were encouraged to continue with hobbies and interests of their choice. People enjoyed activities on a group or individual basis.

Outings into community were enjoyed by those who wished to take part.

Complaints were investigated and resolved appropriately.

Is the service well-led?

Good

The service was well-led.

Staff, relatives and professionals found the management team approachable and open. Community links were maintained through a variety of visiting groups to the service and outings.

People and their relatives were asked for their views on the service and they felt confident to approach the management with concerns.

There were effective processes in place to monitor the quality of the service. Improvements and adjustments were made to the service as a result of quality monitoring.

Warren Lodge Care Centre

Detailed findings

Background to this inspection

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

The inspection was carried out by three inspectors on 5 August 2015 and one inspector on 13 October 2015. The inspection was unannounced. This was a comprehensive inspection.

Before the inspection we contacted the local authority care commissioners to obtain feedback from them about the service. We checked notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the Provider Information Return (PIR). This 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.

During the inspection we spoke with ten members of staff, including the registered manager, the care manager (the senior staff member with responsibility for overseeing and reviewing the care provided), the activities manager, the catering manager, the administrator, four care staff and the maintenance manager. The operations support manager was also present during the inspection. We spoke with five people who live at the service and three relatives. We also spoke to a visiting healthcare professional. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care plans and associated records for six people. We examined a sample of other records relating to the management of the service including staff records, complaints, surveys and various monitoring and audit tools. We looked at the records for eight staff.

Requires improvement

Is the service safe?

Our findings

Storage cupboards within the house were labelled appropriately and locked. However, a garden shed used to store tools, equipment and chemicals was open presenting a potential risk to people. We were told that the shed had been broken into and the padlock was missing. We raised this with the registered manager and maintenance manager. They took immediate action to replace the padlock and secure the shed. We also noted in the garden that part of the perimeter fence was in poor condition with some exposed barbed wire and fencing panels leaning over. There was also uneven paving which could increase the risk of falling. The registered manager told us this had been identified in their own audits and showed us plans to improve the garden making it both a safer and a more stimulating environment for people who use the service.

Individual risk assessments had been carried out. These included assessing the risks associated with moving and handling, skin integrity and poor nutrition. Risk assessments were reviewed monthly or if a change took place in the person's condition. However, recording was not always accurate. We found one example of a falls risk assessment which had been reviewed in June and July 2015 and recorded no falls had taken place. However, accident records indicated the person had fallen during this period. Their care plan indicated staff should make regular observations to ensure safety but there was no indication of the frequency observations should take place. In another example, a person had been assessed as being at risk of developing tissue damage due to pressure. This person had been reviewed by the tissue viability specialist and appropriate equipment had been provided and was in use. However, we reviewed the repositioning charts and found they were not always accurate or complete. There were no clear actions for staff to follow to prevent further tissue damage. This had not impacted on the person and they did not have any skin damage. On the second day of the inspection risks had been reassessed for both people and their care plans updated to reflect the nature and frequency of checks required. Signs had been put in people's rooms to indicate the risks that were relevant to them and to remind staff of those risks. Recording charts were being completed appropriately.

Incidents and accidents were monitored and a monthly report sent to the head office. Trends were identified and as a result the service had undertaken work with the Berkshire NHS Home Support Team with regard to falls and an action plan was being worked on. This included the introduction of a falls specific care plan for people at moderate to high risk of falling and the more detailed completion of accident reports. However, we found one example of a body map indicating a person had been found with some bruising. The registered manager was not aware of this until we brought it to his attention and an incident/accident form had not been completed to enable further investigation. The registered manager undertook to investigate this. On the second day of the inspection this had been completed and appropriate action taken.

There were usually sufficient staff to keep people safe and meet their needs. The registered manager told us staffing levels were determined on the needs of the people using the service. Where an increased need was assessed, this was met, for example, one to one staffing had been provided for a person when their condition had required it. During the two day inspection staff responded promptly to call bells and people's requests for assistance. Where a person was unable to use a call bell or call for help independently, staff monitored their well-being and completed a chart to indicate they had had contact with the person. People told us staff were always there to help if they needed them and they usually came promptly. One relative said, "Staffing has been excellent but there are occasional agency staff at weekends, who don't know people as well." Other relatives commented that there were sufficient staff but that they were, "Sometimes stretched." Staff mostly felt that there were enough of them but one said that when a senior care staff had to cover the medication for both units it could leave one unit short for periods of time. They said this happened occasionally when a colleague was ill and cover could not be found.

On the first day of the inspection there were four care staff on duty in the Courtyard until 2pm but only three in the afternoon due to a member of staff being ill. Staff told us they could call for support from the Main House or the managers if they needed to. There were times during the inspection when people were left without the presence of a staff member in the Courtyard lounge. This was for short periods, whilst staff attended to the needs of other people. However, during one of these times a person became agitated and started asking, "What should I do? Where am I supposed to go?" With no-one present to answer these

Requires improvement

Is the service safe?

questions they became anxious and attempted to stand and walk without their walking frame. This put them at risk of falling. They were helped by an inspector and a staff member was called to assist.

The registered manager informed us that whenever possible the service's own bank staff or regular agency staff were used to cover staff sickness and absence. However, he told us on occasion it was not possible to find anyone to work these shifts at short notice. He stated that on such occasions staff from the Main House would support their colleagues in the Courtyard. Activity staff were available to assist in addition to the care manager and registered manager who could also be called upon.

Risk assessments of the premises were carried out and audits of health and safety were conducted by external auditors who advised on best practice and priorities to be dealt with. The action plan set by the auditors was being worked on during the inspection. Regular maintenance checks were carried out by the service's maintenance manager. Staff told us they could request jobs to be carried out and the maintenance manager would usually do them straight away. Requests were entered into a log book and ticked off once they were completed. The provider had contracts with specialist companies to ensure maintenance of equipment used in the service and checks on the building were carried out in accordance with current legislation. For example, gas safety, fire systems and legionella checks.

People who use the service told us they felt safe. Relatives also said they considered the service to be safe and comments included "Oh, yes definitely safe" and "Very safe." Staff understood both the safeguarding and whistleblowing procedures. They were able to explain the actions they would take if they witnessed or had concerns about abuse and said they felt it would be taken very seriously by management. They were aware of the reporting procedures and how to report concerns outside the organisation if necessary. Staff told us they regularly discussed keeping people safe in one to one meetings with their managers or at staff meetings. Training records showed staff had undertaken training in safeguarding people against abuse.

People were cared for by suitable, skilled staff. Recruitment procedures were robust. Staff were vetted to ensure they were safe to work with vulnerable people. References were sought to check on an applicant's behaviour in previous employment and a Disclosure and Barring Service (DBS) check was obtained prior to employment. A DBS check allows employers to ensure an applicant has no criminal convictions which may prevent them from working with vulnerable people. Staff confirmed they had undergone the vetting checks and had attended an interview prior to being offered employment. A record of interview questions and answers were recorded and any identified gaps in an applicant's employment history were explored and verified during the interview.

People received their medicines safely and when they needed them. Medicines were supplied and delivered by a community based pharmacy. They were stored safely in locked trollies. Medicines were ordered and managed by the care manager and regularly audited on a monthly basis. In addition an audit had been completed in May 2015 by the community pharmacist and some minor actions had been suggested. For example, an opening date should be recorded on containers, these actions had been implemented. Any unused medicines were returned safely to the community pharmacy. Staff were trained in the administration of medicines and had their competency checked every six months. When asked if their competency was checked, one member of staff told us the care manager regularly checked them, adding "daily."

An emergency evacuation box and folder containing relevant contact details and emergency equipment was positioned at the entrance to be used in case of an emergency. Staff were trained in evacuation of the building and fire drills were carried out to ensure staff were both familiar with and understood the procedure. The provider had a contingency plan for staff to follow should there be an emergency.

Good

Is the service effective?

Our findings

People were supported to eat, drink and maintain a healthy diet. Where people were at risk of poor nutrition they had been referred to a dietitian and appropriate food supplements were prescribed and offered. We were told checks were made on people's weight, either monthly or weekly depending on their assessed risk. One person who was at risk of malnutrition was unable to be weighed and the service had followed the guidance of the dietitian and measured their upper arm circumference to monitor their risk.

During the inspection there were drinks and snacks available for people between meals. These included biscuits and cakes as well as a choice of drinks. Staff spent time assisting people with their food and fluid intake throughout the day. People and their relatives told us they thought the food was good and they were able to choose what they wanted. Special diets were catered for and the chef was aware of people's individual needs. Allergies were noted and allergen information was available for all foods. The chef spoke with people about their likes and dislikes and met with people to discuss menu changes. The registered manager told us they were looking to introduce an area in the garden to grow vegetables so the service could be more self-sufficient in the future.

Staff received induction training when they began work at the service. This included face to face practical training and time spent shadowing and working alongside experienced staff. The length of time spent shadowing depended on their previous experience, their confidence and how they performed their work. Staff confirmed they had received induction training and the registered manager told us, in future all new staff would be completing the care certificate as part of their induction training.

Staff had received training in mandatory subjects and were given opportunities to undertake specific training in relation to people's needs. For example, dementia and palliative care. Staff were also offered the opportunity to gain recognised qualifications. The care manager told us they had just started to work toward a management qualification and the registered manager told us other bespoke training for managers such as team leadership was available. Staff spoke positively about training and told us they refreshed mandatory topics regularly. There was a method of identifying when refresher training was due and bookings had been made for any training that was due or about to expire.

Staff had individual meetings with their line manager. These meetings gave staff the opportunity to talk about their objectives, discuss areas of good practice and identify areas for improvement. Annual appraisals were conducted for staff to reflect on their performance over the past year and plan for the next to enable them to improve their performance when working with people. Staff told us they felt supported by the management staff and could speak with them if they wanted to. For example, when asked if they felt they were listened to, one staff member commented, "Even when he's really busy he never makes me feel he hasn't got time, he listens to what I have to say." Head of department meetings and staff meetings were held regularly to share information and plan the development of the service.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager and staff were aware of the legal requirements in relation to DoLS. DoLS applications had been made appropriately.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Records reviewed confirmed staff had received this training. Throughout the inspection staff asked people if they were happy to receive care and staff respected people's decisions. For example one person was invited to join in an activity but said they wanted to stay in their room. This choice was respected. A relative who has power of attorney for a person living with dementia said the person was still encouraged to make choices about the things they were able to decide about and said, "They (staff) respect her views totally."

People's healthcare needs were met and they had access to healthcare professionals when they were required or they wished to see them. People had seen healthcare professionals in response to changing needs and management of existing conditions. Referrals had been made to specialist health care professionals for example,

Good

Is the service effective?

mental health professionals, hospital consultants and occupational therapists. People had also seen dentists, opticians and chiropodists for routine checks. A relative who visited the service frequently told us their mother had been ill but had been supported to see health professionals and was now improving. They attributed this to the care given by staff. They told us, “You can’t ask for more. The work that has gone into getting her mobile was amazing.” They said they had been kept informed about visits from the GP.

The environment in the Courtyard helped to create a pleasant atmosphere and was planned to assist those people living with dementia to find their way around and find stimulation from their surroundings. Bedroom doors were brightly coloured and had a unique element outside the door to facilitate people recognising their own room. A board displaying the day, date, season and weather helped people with orientation and tactile displays were available along the walls.

Good

Is the service caring?

Our findings

People were relaxed and approached staff with confidence to request assistance. People were treated with kindness and compassion and staff were caring and supportive throughout the inspection. Staff took time to sit with people and listen to them as well as respond to their requests for assistance. There were positive interactions between people and staff throughout the two days of the inspection. Staff consistently acknowledged people and engaged in conversation with them as they moved about the different areas of the service. It was clear staff knew people well and often referred to things they knew the person liked. For example, one person was supported to look at photos from their past, the person became high-spirited and joyful which resulted in them talking to the staff member about their memories. Staff were respectful and polite in their approach when speaking with people and we heard numerous examples of light hearted conversations with friendly banter and jokes.

Privacy and dignity were maintained. However, there was nothing to indicate when the toilets in the Courtyard were engaged. On several occasions people went and tried the door while people were using the toilet. We brought this to the attention of the registered manager and by the second day of the inspection engaged signs were in place. Staff were observed knocking on the doors of people's rooms. They asked if it was alright for them to enter before doing so. Staff had received training in privacy and dignity and dignity champions were in place to promote and advise on maintaining dignity. A dignity day organised by the activity staff had been held to increase awareness of dignity.

People and their relatives were eager to praise the care staff, comments included, "They are wonderful with them. Wonderfully patient," "The staff are marvellous, it's the same for everybody, they are so caring." and "I like it very much here. The staff are kind and considerate." People told us they did not have to wait long for assistance and that staff responded promptly to their requests.

People's care needs were responded to sensitively, for example, a member of staff approached one person who was looking upset and discreetly enquired if they were alright. When the person indicated they were not alright the member of staff sat with them in a quiet area to find out what was wrong and gave them reassurance which settled the person.

Staff took time to give people the information and explanations they needed, particularly people living with dementia. This enabled people to make an informed choice whenever possible in such things as choosing what to eat and how to spend their time. Staff worked at the pace of the individual and did not rush them, giving people the opportunity to do as much as possible themselves. People and their relatives told us they were encouraged to be independent whenever possible.

Relatives told us that they were able to visit at any time and were always made to feel welcome. People were able to spend time privately with their visitors if they wished either in their own room or in quiet areas of the service. There were no restrictions on times or lengths of visits. Relatives said they were kept informed of changes in the well-being of their family member and there was always someone to talk to if they had any concerns. They told us they were able to eat with their family member and special dinners could be organised, for example, to celebrate a birthday.

People were encouraged to be involved and take part in decisions about the service. For example, a decorating programme was being undertaken and people had been supported to select colours for paintwork, curtains and soft furnishings from a range of mood boards. On the second day of the inspection some rooms had been redecorated and people were keen to show them off. They appeared very pleased with the results.

Good

Is the service responsive?

Our findings

People were given choice throughout the day. They were asked about where they wanted to spend their time, where and what they wished to eat and what they wanted to do. Staff told us they made sure people had as much choice as possible. People said they were able to make decisions for themselves. However, at lunch time in the Courtyard people were not always given the option of adding condiments such as gravy to their meals. This was sometimes just added without people being asked.

Staff were able to describe individualised care and demonstrated their understanding of what this meant. They told us that the care plans and their knowledge of people meant that each person was treated in the way they wanted and according to their needs. They explained that each person had a key worker. This was a member of staff who took particular interest in getting to know a person's personal likes, dislikes and how they like things done. Each person had a "grab and go" file in their room. This contained a photograph of their key worker to aid recognition and essential information about the person for staff to use.

People's needs were assessed prior to them using the service. Care plans focussed on the individual and included information about the person's past. It also contained information about how they communicated in relation to their everyday care needs including how they gave their consent. Care plans were reviewed on a monthly basis or more frequently if any changes in a person's condition were noted. Amendments were made when changes occurred. For example, where a person had required advice from a speech and language therapist (SALT) this had been detailed in the care plan and guidance for staff amended accordingly. On the first day of the inspection the guidance for staff to follow in the care plans was not always as detailed as it could have been. However, the staff team knew people and their needs well and there was a robust communication system, including shift handover meetings, senior's meetings twice weekly and regular head of department meetings which meant that staff were kept up-to-date with people's current needs and were able to discuss how best to meet them. On the second day of the inspection the care manager had begun to review all the care plans and was updating them with more specific and detailed guidance for staff.

There was a full and varied programme of activities provided each day by the service's activity staff and visiting professionals. Visiting professionals engaged people in specific activities such as cognitive stimulation (a therapy for people living with dementia based on themed activities), music and exercise. The programme took into account people's personal preferences. It included trips out to places of interest, baking, gardening, quizzes, and visits from a variety of animals ranging from a PAT dog to guinea-pigs which people could hold and stroke. A number of different music and reminiscence sessions were also available. Photographic records of these activities showed people smiling and engaged.

In the main house the activity staff had engaged people in a cruise themed activity. A table was set up with an array of items linked to travel and one day per month the cruise visited a different country. Food, props and talks were all centred on that country and at the end of the cruise people received a certificate to say they had completed it. Both people and staff were full of enthusiasm for this activity and there was a clear buzz around it.

Photographic journals were compiled as a record of what activities people had taken part in. With the appropriate permissions and consent in place these were also shared on the service's Facebook page. This enabled relatives and friends to see what people had been taking part in. The activity staff said the journals were particularly useful for those living with dementia and helped stimulate conversation. They also helped people maintain links with relatives who lived some distance away. There were examples of activities being developed to meet people's individual wishes and interests as well as group activities which were available to all.

One to one activities were provided for people who either could not or chose not to leave their rooms. This helped to prevent social isolation. A hairdressing salon was available and other pampering sessions were enjoyed such as manicures. The activity coordinator told us that activities were designed to meet specific needs and people's personal histories were considered when planning activities. Everyday activities such as dusting or drying dishes were encouraged if people wished to take part. This was particularly useful in the Courtyard where many people were living with dementia and enjoyed these activities which were familiar to them. When asked about attending

Good

Is the service responsive?

activities people told us they could join in if they wanted to but it was completely optional. One person told us they preferred to read in their room and their choice was respected.

The service had a number of small animals which some people were involved in caring for. There were plans to add chickens in the future and to develop areas of the garden to allow more activities to take place for those with an interest in horticulture. Sensory areas were also planned for the garden particularly for those people living with dementia. We were told consideration was being given to purchasing a minibus and people were involved in the discussions regarding this. Those people able to speak with us were keen to tell us how they enjoyed the outings they went on. The smiling faces seen on the photographs taken of those who were unable to speak with us confirmed their enjoyment also.

The service was engaged in a campaign called People Like Me. A large tree was painted in the reception area and people had posted their favourite activities and pastimes such as cross-stitch, football or travelling on the tree. Staff who shared common hobbies or interests then made a particular effort to talk with people about them at least once a day. All staff working in the service were involved and they told us it had enabled them to open conversations with people that they may not have previously felt able to have.

Meetings were held for people living in the service and their relatives. They provided an opportunity for people to express their views about how the service was run and raise concerns if necessary. Relatives told us they were asked for their views at least once a year but said they felt comfortable to speak with the care staff or the management team if they wanted to make suggestions or air a concern.

The provider had a complaints procedure and information on how to make a complaint was displayed. Those people and relatives we spoke with said they had not needed to make a complaint but felt sure if they did, they would be listened to and the matter would be dealt with. We reviewed the complaints log and noted three complaints had been made in the last year. All had been recorded, investigated and responded to. Complainants had been asked if they were satisfied with the outcome, two had responded positively and other had not commented. Thank you cards were displayed on the noticeboard so staff could see the notes of appreciation received. One arrived during the inspection expressing gratitude for the care and support given not only to the person who used the service but the whole family.

Good

Is the service well-led?

Our findings

The service was well led. People and their relatives told us that they found the registered manager to be approachable and said he was available if they needed to speak with him. Relatives commented on how they thought the service had improved since the current registered manager had been in post. One told us he had made significant changes in the service and it was now more organised and there were plans to improve further. They told us the activity programme had been improved greatly and the décor of the service was being updated. People knew the registered manager and during the inspection people and staff spoke with him as he walked around. People and their relatives said they were happy with the communication they received from the service. One relative said, "We are always kept up to date."

We found there was an honest and open culture in the home. Staff told us they could speak to the management team whenever they needed to and felt they were supported. They offered praise for the registered manager. One said, "I have never known as much support, he's (the registered manager) always willing to think about new ideas. Another said, "He really cares and he makes it a great place to work." Staff were aware of the values and aims of the service. For example, one spoke about the service being people's home and the respect that needs to be given. They said, "This is their home, I am a guest." Other staff spoke about life enrichment for people and how they felt passionate about providing opportunities for everyone.

The registered manager told us, "I want to be open and approachable and I want to spread this ethos through the service." He went on to say that he wanted the culture of the service to be, "Transparent." Staff confirmed they were encouraged to report and learn from mistakes. They told us they felt able to voice their opinions and the manager listened to what they had to say. The duty of candour had been discussed at a staff meeting and the provider had a policy available for staff to follow.

Regular meetings were held between the registered manager and the heads of each department. This enabled the registered manager to monitor each aspect of the service. In addition to these, he held twice weekly meetings with senior care staff to discuss care related matters. Staff told us they valued these meetings during which they could raise concerns as well as bring forward ideas regarding the future development and improvement of the service.

A programme of audits was completed by the registered manager. Such things as checks carried out on equipment, accidents and incidents, complaints and medication management were monitored. Training and supervision of staff were also audited to ensure staff were supported appropriately. A monthly report outlining these audits was sent to the service's head office. The quality of the service was also monitored by the Operations Support Manager who made regular visits to the service and conducted quality assurance reviews in line with current regulations. Improvements to the service had resulted from these audits and future plans had been drawn up.

Professional journals were used to help plan improvements to the service. For example the registered manager had consulted relevant research regarding the appropriate décor for those people living with dementia and had sought advice from a sensory practitioner when planning the improvements to garden.

Surveys were completed by people, their relatives and staff to gain an understanding of their views of the service. A survey had recently been completed by relatives and staff. After the inspection we were sent a report of the responses received. Mostly positive views had been expressed by both groups. For example, 100% of staff and relatives either agreed or strongly agreed that "The manager actively supports projects to improve the quality of care and community life in the Home."

Community links had been established with regular visits by the Women's Institute, the Salvation Army and the local library. The local garrison had been invited to help celebrate VE day with people living at the service. Musicians and choirs came to sing with and entertain people.