Rose Villa Care Limited

Rose Villa

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

The inspection took place on the 18, 19 and 20 October 2016 and was unannounced.
Rose Villa is a privately owned residential care home which provides accommodation for up to 20 people who are elderly and or may be living with dementia. On the day of our inspection 16 people were living at the home.
Accommodation at the home comprises six double rooms and eight single rooms, provided over two floors, which can be accessed using stairs or passenger lifts.

The service had two registered managers. 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.

People told us they were safe and well cared for at the home. Staff knew how to identify abuse and protect people from it.

There were enough staff deployed to provide the support people needed.

Staff were supported by the provider through regular supervision, appraisals and on-going training.

People received care from staff that they knew and who knew how they wanted to be supported.

People were supported to maintain their independence through positive risk taking.

People were encouraged to maintain relationships that were important to them. Relatives were able to visit the home when they wanted to.

People were encouraged to take part in daily activities that ensured the risk of social isolation was reduced.

Medicines were ordered, stored, administered and disposed of safely.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

People who required support to eat or drink received this in a patient and kind way.

The registered managers and staff were knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. Staff understood their responsibility to ensure people's rights were protected.

People, relatives, staff and health care professional told us the service was well led by the registered managers

There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted to.

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. People told us that they felt safe and well looked after.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005.

People had access to and were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible.

Is the service responsive?

Good

The service was responsive. People had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded promptly to people's changed needs or circumstances and relevant professionals were involved where

needed.

People were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good

The service was well-led. People spoke positively about the registered managers and how the service was run.

People were asked for their views of the home and their comments were acted on.

Systems were in place to monitor the quality and safety of the service.

Rose Villa

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 the 18, 19 and 20 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

During our inspection we spoke with the provider, registered managers, three members of staff, the chef, four people living at the home, three relatives and one visiting healthcare professional. Following our inspection we contacted two members of staff from the night team, a health and social care professional and a general practitioner (GP) to obtain their views on the delivery of care at Rose Villa Care Home.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, staff attendance rosters, and policies and procedures.
We did not ask the provider to complete a 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.

We last inspected this service in May 2015 when we identified four breaches in relation to Regulation 11, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our inspection in May 2015 we identified breaches in relation to Regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment and premises and equipment. The provider had failed to manage risks associated with the environment such as the hot water, legionnaire's disease and fire safety.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

Since our last inspection the provider had taken steps to ensure the water temperature at the home was maintained. The provider had installed new hot water storage tanks that regulated the temperature of the water and kept it within the parameters necessary for effective legionella control. Weekly water temperature checks were carried out and recorded to ensure the potential risk of people being scalded by water which was too hot was minimised. Thermostatic mixing valves (TMV) had been installed to further reduce the risk. TMV is a valve that blends hot water with cold water to ensure constant, safe shower and bath outlet temperatures.

We had also identified concerns at our previous inspection relating to a fire inspection report carried out by Hampshire Fire and Rescue Service (HFRS) in September 2014 which had identified a number or areas where improvements were required but had not been carried out. The service was visited by HFRS in August 2016 and an inspection carried out following further anonymous concerns being raised. The fire officer concluded "In general terms I thought the whole set up was not a major concern. And after looking at Community Fire Risk Management Information System (CFRMIS) I can see that a considerable amount of work has been completed, guided by an action plan". The home had an up to date fire risk assessment in place and procedures were in place to ensure the safety of people living at the home.

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems. The Chef checked and recorded refrigerator and freezer temperatures daily and also recorded the core temperatures of cooked food.

People told us they felt safe living at Rose Villa. One person told us, "Yes I feel very safe". Another person told us, "I feel safe here, and someone will always come and see me, night and day". One relative told us, "I have no doubt in my mind that my relative is very safe here. The staff are very aware that they are not good on their feet and are always there to support them". Another relative told us, "Very happy that my relative is here. The staff are fantastic and are always happy and smiling. It's a very homely place and X (relative) has come on in leaps and bounds so yes very happy". "A GP told us, "I have no concerns at all. The staff do a very good job at caring for the people there". A health and social care professional told us, "We have no concerns at all about the home or people who live there".

People were supported to take positive risks to enhance their independence, whilst staff took action to

protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home. Staff gave examples of this such as checking the environment for trip hazards and supporting people with mobility needs to access the gardens. One person told us, "Staff help me when I want to go for a walk in the garden. They make sure I am safe and come with me if I want them to". Individual risk assessments were personalised, current and regularly reviewed.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered managers. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." and "I know how to report safeguarding and am confident to do so if I need to".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels were kept under review and adjusted when required based on people's changing needs. Staff told us there were enough of them to meet people's needs. Staff provided care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicines were stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered managers to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored

securely and records were accurately maintained.

We found that the home was clean and free from odours. This helped to ensure people's dignity. We found that the home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

Access to Rose Villa for relatives was obtained using a biometric (fingerprint) recognition system. Biometric entry systems offer an enhanced level of security for staff and people living at the home and ensures that only people who are permitted to enter the home do so. The provider told us, "This enables relatives to freely come and go when they want to visit their loved ones. We still use a signing in and out book for fire evacuation reasons but this also allows staff to continue giving care rather than having to answer the door to let relatives in".

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. For example, in the event of a fire. Evacuation sledges were located and readily accessible on stairways and people living at the home had a Personal Emergency Evacuation Plan (PEEP).

Good

Is the service effective?

Our findings

At our inspection in May 2015 we identified one breach in relation to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The need for consent. The provider had failed to ensure that staff fully understood the legal requirements of the MCA 2005 and its associated Code of Practice and how these should be used to protect and support people who did not have the ability to make decisions for themselves.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

People's mental capacity had been assessed and taken into consideration when planning their care needs. 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.

Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. For example, one person's medicine was given to them covertly because they did not understand the importance of it and had refused to take it. We reviewed the mental capacity assessment and best interest decision meeting notes that included the person, their relatives, the prescribing GP and other health care professionals.

Staff understood the importance of obtaining people's consent regarding their care and treatment in other areas of their lives. One person told us, "The staff are very good at letting me live my life the way I want to but always politely ask if they can help in any way". Another person said, "They always knock my door before coming into my room. They don't have to and I've told them so but they still do it". A relative told us, "X [relative] can't make decisions about their care so I do it with them because I have Power of Attorney (PoA). The home asked me for a copy of this before they moved in. The manager and staff involve me in all aspects of my relatives care". A PoA is a written document that gives someone else legal authority to make decisions on another person's behalf. Copies of those documents where relevant were kept securely in the registered manager's office. People and relatives told us they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection three people living at the home was subject to a DoLS which had been authorised by supervisory body (local authority).The home was complying with the

conditions applied to the authorisation. The home had submitted a number of further applications which had yet to be authorised by the local authority. The managers knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

New staff had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005).

Support for staff was achieved through individual supervision sessions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance so that they were given priority.

People were supported by staff with appropriate skills and experience. Staff told us they had received the training they needed to care for people and meet their assessed needs. There was an up to date training and development plan for the staff which enabled the registered managers to monitor training provision and identify any additional training requirements. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. One member of staff told us, "Yes the training is good here. We get the training we need to support people well".

At lunchtime people received individual support in a discreet and patient manner. Staff were encouraged to sit with and eat with people at the same time as a way of encouraging people to eat. The registered manager told us, "Lunchtime is a social event and we actively encourage staff to do this. People feel more relaxed and we have found that where people have a reluctance to eat this actually encourages people to eat in a very relaxed way". People could choose what they wanted to eat but staff told us people often changed their mind. One person told us, "I like the food here it's really nice. I always get well fed and there is plenty of it". Another person said, "The food is lovely here. Just like I would have cooked, very nice". One relative told us, "I'm often here at meals times. I have to say the food is very good". The chef told us, "If people change their minds or do not want or like a particular meal we will always cook an alternative". People and staff told us food and fluids were available throughout the day and night if people wanted a snack. One person told us, "Sometimes I wake up in the early hours and feel peckish. The girls (staff) are very good they will always make me a drink and offer me biscuits, cake or toast".

People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. Care records showed people had received visits from health care professionals, such as doctors, chiropodists and opticians. A visiting GP told us they regularly visited the home and found the registered managers and staff to be very good at calling them in in a timely way. They also told us they had the utmost confidence in staff identifying when people were not at their best and calling the surgery for advice.

Good

Is the service caring?

Our findings

People told us they liked the staff and described them as kind, friendly and helpful. People and relatives told us staff were caring and looked after them well. One person said, "Its lovely here, I am cared for very well. The girls [staff] are always smiling and laughing with us. It really makes the day". Another said, "The staff are nice to me, this is my home". A relative told us, "Rose Villa is very homely. The staff are so welcoming and even look after me when I'm here. Yes it is a lovely caring home". Relatives were able to visit the home without restrictions. One person told us their family member was always welcome at the home. One member of staff said, "I wouldn't want to work anywhere else. When I go home I know that all the staff have given the best care they can".

The provider had received a number of compliments from people and relatives. For example, "Thank you for all your love and care shown to mum. She viewed Rose Villa as her home and you as all her friends", "Its certainly nice to know that there are still efficient, caring and helpful people working in homes such as yours", and X (person) would like to thank you for all the wonderful care you gave her. Also for the fun and laughter you shared with her".

Staff cared for people in a relaxed, warm and friendly manner. We saw that non care staff who worked in the home such as kitchen staff and the handyman took time to sit with people and chat. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. Staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to make sure they were appropriately dressed and their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next. Staff promoted independence and encouraged people to do as much as possible for themselves. A relative said, "I know dad can't do much for himself anymore but the staff try to get him up on his feet and walking around a bit".

People's privacy and dignity was promoted and respected. A number of people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. When people were receiving personal care in their rooms signs were placed on their doors to make other staff aware. People told us staff always did this and that they respected their privacy one person saying, "Staff never come in without knocking the door first".

People's care needs, choices and preferences were recorded and written in a person centred way. Information within care plans reflected what was important to the person now, and in the future. Staff were

knowledgeable about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. Care plans were person centred and promoted people's involvement and understanding. Care plans gave detailed descriptions of their individual needs and how support was to be provided. There had been input from families, historical information, and contributions from the staff team who knew them well with the involvement of people themselves. People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were recorded.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We get plenty of notice to come in and be involved if we want to". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "I have freedom of choice. It's all very relaxed here". Another person said, "They (staff) are very accommodating and will listen to me. I'm treated very much as a person". Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. One person told us, "Nothing is too much trouble. I only have to ask and they [staff] oblige". Another person said, "If I want anything I only have to ask and I get it. You don't have to wait which is good". One relative told us, "I've been really pleased with my decision to move my mother here. The home is really good at managing her condition". Another relative told us, "The home responds well to my [relatives] needs. I did worry at first when they came to live here about how it would all work out but the home has been very good, I can't fault them".

People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do. A visiting healthcare professional we spoke with told us, "They are really good at getting in touch when they need to. We have a really good working relationship. There's never any issue with the staff following our advice or instructions".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. For example, where a person's mobility needs had changed following a fall we saw that risk assessments had been updated to reflect changes in how to support the person to mobilise safely. Review meetings involved the individual, relatives or other professionals involved in people's care. This process helped the registered managers and staff evaluate how people's needs were being met. One relative told us, "The home reviews the care plans regularly and we are always invited and updated on how [person] is doing". Another relative told us how their family member's general wellbeing had improved since they had moved to Rose Villa because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs". One person said, "The staff know what I like and what I don't like. They know that sometimes I need help to move around and sometimes I don't but they always ask if I'm ok to walk on my own".

We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night. Handover provided staff with the opportunity to share information about risk, appointments, medical concerns or changes in activities.

People told us that they received the care they needed at the time they needed it. People told us they were given the choice on how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. One person told us, "Sometimes I like to be on my own and watch television in my room. The staff make sure I have the TV remote. They are always popping in for a chat to keep me company".

People were able to maintain the relationships that were important to them. Everyone we spoke with said they could see their families and friends at any time they wanted to. Visitors we spoke with told us that there were no restrictions on when they could visit their relatives in the home. One person told us, "We can come

when we like, more or less. They often offer us drinks and cakes. We are very pleased with everything".

People took part in various activities which were arranged daily. On the first day of our inspection people were enjoying a 'singalong' in the lounge which was being led by care staff. The home had a designated activities co-ordinator however on the day of our inspection they were not in the service. Activities included music, bingo, painting, film afternoons, visiting puppet shows and visits from a Bird of Prey charity. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it". Another person said, "Sometimes I just like to sit in the conservatory and watch the wildlife but I did like seeing the Owls a few weeks ago that made my day".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the managers or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated by the registered managers. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered managers directly. One relative said: "I don't need to complain about anything, I have trust they are doing this right".

Good

Is the service well-led?

Our findings

At our inspection in May 2015 we identified one breach in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

The registered managers understood the principles of good quality assurance and used these to review the home. The registered managers completed monthly audits of all aspects of the home. For example, care plans, nutrition, medication, staffing and learning and development for staff. The provider and maintenance personnel undertook health and safety, security of the home and fire prevention checks. Audits identified areas that could be improved upon and action plans produced clearly detailed what needed to be done and when action had been taken. Unannounced night visits by the registered managers were undertaken. This looked at the security of the home, cleanliness, hourly checks maintained and documented, handover records and staff being in allocated work areas.

The registered managers were aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any
events had been handled. This demonstrated the registered managers understood their legal obligations. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

Staff, relatives and healthcare professionals told us the home was well-led. One person told us, "They (the managers) do a wonderful job. They are both very approachable". A relative told us, "The home is well run and my relative is very happy there". They went on to say they would recommend the home to others. A member of staff said, "I wouldn't want to work anywhere else". Another member of staff said, "I can go to either of the managers with any issues and they are always approachable. They are both really passionate about what they do which helps drive staff too". A visiting health and social care professional told us, "The care delivered is of a good quality and the staff are all very good. Any instruction I leave for the on-going care management of people is always followed to the letter".

People who could speak with us told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. Records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said

the staff in the home asked for their views and took action in response to their comments.

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt very well supported by the registered managers and said that they enjoyed working in the home.

Staff meetings took place and staff were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered managers and found them to be responsive in dealing with any concerns raised.

Residents and relatives meetings were held to gather their feedback about the service. We looked at the minutes of the last meeting in November 2015. Topics discussed were for example, staffing, outings and activities. Meetings were generally well attended. One person told us, "We have these meetings which are really good but we don't have to wait for a meeting to raise any issues. The managers are always about so we talk to them if we are unhappy".