The ExtraCare Charitable Trust

ExtraCare Charitable Trust Berryhill Village

Inspection report

Arbourfield Drive
Stoke-on-Trent
Staffordshire
ST2 9RJ

Tel: 01782204949
Website: www.extracare.org.uk

Date of inspection visit:
17 August 2016

Date of publication:
02 January 2017

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 was carried out on 17 August 2016. The inspection was announced 48 hours before we visited. This was to establish if people living at the service would be available to talk with us.

The ExtraCare Charitable Trust, Berryhill Retirement Village enables older people to rent a home, have access to personal care and support, and a range of social opportunities.
At our last comprehensive inspection of this service in July 2013, we found the provider had met all of their legal requirements.

The home had a registered manager who had recently joined the service in June 2016. 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 and associated Regulations about how the service is run.

People told us they received their care at the allocated call times and staff stayed the agreed length of time to provide the care and support needed. We also found staff were available if people required additional personal care due to their change in needs. Recruitment procedures made sure staff were of a suitable character to care for people safely in their homes.

People and relatives told us they felt people were safe at Berryhill Retirement Village. The manager and staff understood how to protect people they supported from abuse and when to inform the relevant agencies of any concerns. Staff followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care.

Medicines were stored and administered safely, and people received their medicines as prescribed. Audits were carried out of medicines to ensure they were managed in line with good practice guidelines. People were supported to attend health care appointments when they needed to maintain their health and wellbeing.

Staff were kind and supportive to people's needs and people's privacy and dignity was respected. People were encouraged to be independent as much as possible with their personal care needs.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. Some people received support from staff to prepare their meals in their flats. People received care and support which was tailored to their individual needs.

The management and staff teams understood the principles of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to pursue their hobbies and interests both within and outside the village. Activities were arranged according to people's individual preferences, needs and abilities and staff were keen to explore a variety of new activities for people. People who lived at Berryhill Retirement Village were encouraged to maintain links with friends and family who visited them in their flats.

People and relatives knew how to make a formal complaint and were able to discuss concerns they had with staff and the registered manager. The provider obtained the views of people by way of regular meetings and customer surveys.

Staff felt the management team were supportive and promoted an open culture within the service. Staff were able to discuss their own development in supervision sessions and during regular team meetings. A programme of training and induction provided staff with the skills and knowledge to meet people's needs. Staff felt well supported by the provider and management team and their views and ideas were encouraged on how to improve the service.

The provider carried out regular audits to continually monitor and improve the quality of the service.

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 they were safe because they received support from staff that understood the risks related to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient numbers of staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed. The provider's recruitment procedures reduced the risks of unsuitable staff being employed by the service.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act. People received a nutritious diet and had enough to drink.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. People were involved in decisions about the support they received and their independence was encouraged and promoted. Staff were aware of people's preferences and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive

People were involved in the assessment and planning of their care, and their care needs were reviewed when necessary. People felt able to contact the provider if they had any concerns and knew how to make a complaint. People had access to a range of activities in order to pursue their hobbies and interests.

Is the service well-led?

Good

The service was well-led

There was a culture of openness and transparency and a desire to continually improve the service. The management team and staff encouraged open communication with people and their relatives. Staff felt supported by the provider and management team. The provider carried out audits and checks to monitor and improve the service.

ExtraCare Charitable Trust Berryhill Village

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 visit took place on 17 August 2016 and was carried out by two inspectors and an expert-by-experience. An expert-by-experience is someone who has knowledge and experience of using, or caring for someone, who uses this type of service.

The inspection was announced 48 hours before we visited to establish if people who lived at the service would be available to talk with us, and allowed the provider time to prepare people for our visit.

We spent time talking with staff and observing how they interacted with people in communal areas. We also spoke with people and their relatives to get their views on the care given.

We spoke with the registered manager, the head of care, nine members of staff including support workers, the well-being advisor, the 'locksmith', the activities facilitator, the chef and the personnel administrator); and three relatives. We also spoke with a visiting healthcare professional during our visit, and liaised with another healthcare professional prior to our visit, to obtain their views of the service. We looked at three care records of people who used the service and two staff records. We also reviewed quality monitoring records, staff duty rotas, menus and customer feedback surveys.

We reviewed information we held about the service, for example, statutory notifications the provider sent to inform us of events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I feel very safe. There is good security." They went on to tell us they felt safe throughout the day and night as staff also provided support to them during the night time. Another person told us they felt safe and added, "Especially at night." One person they told us they felt secure and when asked why they told us, "Because of the carers'."

The provider protected people from the risk of harm and abuse. Staff had a good understanding of their responsibilities to safeguard people from the risk of harm and told us they had undertaken training about identifying and reporting safeguarding concerns. They knew to report any safeguarding concerns to their manager. The registered manager was aware of their responsibility to report any safeguarding incidents to the local authority for investigation. Staff were aware of the provider's safeguarding policy and how to obtain relevant contact numbers if they wanted to report any concerns. There was also information available to help staff raise concerns about the service with outside agencies if they needed to. This is known as whistle-blowing.

People told us if they felt unsafe, they would feel confident to report their concerns to a member of the care staff or management. We saw posters in communal areas of the service and in the lifts going to people's flats informing people and visitors of how, and who to report safeguarding concerns to. There was also information in the resident handbook on how to recognise the different types of abuse and how to report any concerns.

Staff were available to people when they needed them. People had call bells in their flats, and some wore pendant alarms so they could call for staff. Each person had an intercom in their living room and staff could speak directly to them via a radio. During our visit we heard one person using the intercom saying they required assistance and the team leader ensured a member of staff went to support them.

People's care records showed risk assessments had been completed and care was planned to take into account and minimise risks associated with their care. For example we saw one risk assessment had been completed for a person who was at risk of choking. There was clear information about why the person was at risk and how it could be minimised. This was by ensuring the person had their drinks thickened to reduce the risk of choking when they swallowed liquid. Kitchen staff had a copy of the risk assessment and they ensured the person received their thickened drinks.

Other risk assessments had been reviewed regularly to identify if there had been any changes in peoples' risk and needs. Care plans described the actions staff needed to take so that people's care was safe and staff were consistent in their approach. We found staff were knowledgeable about risks associated with people's care.

All the people we spoke with told us staff were reliable and attended their care calls at the expected time. They told us staff never missed providing their care and care records contained details of the visits to people's flats and care carried out. One person commented, "They come on time or within 15 minutes."

Another person we spoke with told us staff had a 15 minute 'leeway' for call times, and most of the time they were punctual. When they were delayed it was usually because of an emergency. They went on to say staff did not inform them if they were going to be late, but apologised when they did arrive.

People told us there were sufficient numbers of staff on duty during the day and night to care for them. The registered manager told us at night there were two waking care staff on duty and a team leader who was on call on the premises provided additional support to people and staff as required. There was also a manager on a 24 hour on call rota for staff to contact if needed. Any gaps in the duty rota were filled by the permanent staff who worked at the service; agency staff were not used. This meant people received care and support from staff who knew them. Staff numbers were increased at peak care times of the day, in the morning and evening, to ensure people received their care and support on time. The team leader told us, "We have had some new staff employed with flexible split shifts. They like these and we need the additional staff numbers at peak times."

The head of care told us staff were not allocated a set group of people to provide care to as it was important staff became familiar with everyone who required support from the organisation. After providing care to people, staff signed a form to confirm care had been given, and the head of care carried out spot checks to ensure care was provided. Some people received additional support outside of their call times because their needs had changed. The head of care told us this was provided by staff if required. This meant the provider was flexible to the changing needs of people.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured only suitable staff were employed. Prior to staff working at the service, the provider checked prospective staff member's suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the service until checks had been received from the DBS and reference requests had been returned.

The head of care told us as part of the recruitment process potential new staff were shown a staged room with several potential 'hazards'. The interviewees were then asked what they had observed about the room to see if they had identified any potential issues a person may have that could cause injury or harm. This enabled the provider to assess the observational skills of potential new staff.

Staff administered and prompted people to take their medicines safely as prescribed. We asked people if staff gave them their medicines, one person told us, "Staff give them to me and always on time." Another person told us, "Yes, and they make sure I take them."

We looked at three people's MAR charts (medication administration records) and saw that on two charts, the amount of medicine total carried forward did not match the total administered. The head of care told us they would address this immediately. All medicines were signed for correctly and there were no gaps in the medicine recordings.

Staff told us, and we saw, they had received training to administer medicines, and had been observed by senior staff to check that they had put their training into practice and were administering medicines safely. Medicines were stored securely in line with best practice and manufacturers guidelines. The provider had a detailed 'medication policy' and this included a policy for people who took medicine 'as required' and homely medicines. People's medicines and support needs were detailed in their care records. Regular medication audits were carried out by the management team.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to meet their needs effectively. One person told us, "They are able to answer everything that I ask." We asked a relative if they felt staff were trained to care for their family member and they told us, "Yes, all the ones that we have met are."

Staff told us the training provided helped them to do their work effectively. For example they had received training about moving and handling people, safeguarding people and understanding dementia. The provider's well-being advisor told us, "I think it's the best training I have ever had. I have received training on diabetes, chronic lung problems, heart failure and bereavement." The training programme showed, and the manager confirmed, that all staff had received appropriate and relevant training to carry out their role. This included additional fire safety training for night staff to ensure they knew what to do in the event of an emergency. The personnel assistant told us this was important as there were fewer staff on duty at night to assist in the event of an emergency and staff had to be well trained to manage the situation.

Many of the staff who worked for the service, had worked for the organisation for a long time. Staff new to the organisation told us they received the support of a 'buddy' (an experienced staff member) to support them through their first month of work. They worked alongside these more experienced staff as part of their induction until they were considered competent to work on their own. We were told staff did not work alone until they felt confident and competent, and had received the training considered essential to meet people's health and safety needs. One member of staff told us, "I had a good three month induction and they told me, if you are not happy about anything just say." They also gained experience of working with ancillary staff within the service to get an understanding and appreciation of their roles.

The provider also ensured all new staff working within their services, enrolled on the Care Certificate and understood their Code of Conduct. The Care Certificate standards support care workers to have the relevant knowledge and skills to provide compassionate, safe and high quality care to people.

Staff told us they had good support from the management team to do their jobs. They had regular individual meetings (supervision) with their manager and they also had annual appraisals, which helped them review and evaluate their work. A staff member told us, "I do have supervision but I can also talk to the management team 'then and there' about anything."

Staff we spoke with told us they had received training about The Mental Capacity Act 2005, however two staff we spoke with did not have a good understanding of the Act and were unsure if they had received training. We discussed this with the manager and head of care who told us they would look into this following out visit.

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.

We checked whether the service was working within the principles of the MCA. All the people we spoke to told us they were able to make choices around their care and support. Others told us they felt involved in decisions about the care they were receiving, and staff asked for their consent before supporting them with personal care.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider was aware of the need to refer a person to the court of protection if they had assessed the person needed their liberty depriving in their own home.

Care staff understood the importance of obtaining people's consent before assisting them with care. When asked what they would do if a person refused to allow care staff to support them, a staff member said, "If they didn't want to do something I would respect that but if it impacted on their safety I would tell the manager. We can support people with simple decisions but more important ones would be made in their best interests." They went on to say that family members and healthcare professionals supporting the person would then need to be informed and a best interest decision made to ensure the health and well-being of the person. A best interest decision would be for people who had been assessed as not having capacity to make an informed decision.

The provider employed a 'locksmith'; this was a member of staff who was trained to support people with memory or mental health problems. The staff member is called a 'locksmith' because their support was to enable people to unlock memories and abilities. They worked alongside District Nurses, the providers' well-being nurse and relatives and friends of people. If there were concerns with a person becoming confused they assessed whether the person needed to see a doctor in relation to a diagnosis; and carried out checks to see if their confusion was linked to an underlying medicinal condition such as a urine infection.

All the people we spoke with told us staff would organise access to healthcare services when they needed support. One person commented, "Yes they do everything." Another told us, "The office organises the optician and GP for me."

The provider employed a well-being advisor who was a registered nurse. They told us they carried out weight and well-being checks on people and would refer to a dietician or other healthcare professionals if they had concerns about a person. They told us, "It's about empowering people to take control of their health and well-being."

During our inspection we saw a visiting healthcare professional from the local GP practice; they were unable to spend any time with us but briefly commented favourably on their experience of the service. They told us, "The staff are very good and will accompany me to see residents; they are very knowledgeable about people and very competent." Another healthcare professional contacted before our visit, told us staff were professional and helpful and easy to contact for further information.

Staff knew what to do if they noticed a change in someone's health condition. They told us they would inform the team leader or manager and contact the GP. They also told us they would inform the person's family where appropriate, with the person's consent. One staff member told us, "I would request a doctor if I was worried about someone, we can radio the team leader to request a GP visit and if the person didn't want that I would ask the team leader to go and speak to them."

People's dietary choices or needs were catered for at the service. We spoke with the head chef who told us

they were provided with information about people's individual dietary needs and preferences. Most people prepared their own breakfast and attended the dining room for meals. One person commented, "They make my breakfast which is toast or porridge and a cup of tea plus they make my evening tea." People told us staff ensured they had access to drinks when they needed them.
We spoke with the chef and they showed us a list of people who required special diets such as gluten free or fork mashable food. There was also a file with information from the speech and language therapist about different types of diets people required. We were told if people did not want what was offered, they were provided with other choices, "We will always do other options and we look at healthy options. Staff keep us up to date on people's specific needs."

Staff had a good understanding of people's nutritional needs and were knowledgeable about people who required specific diets such as a diabetic diet. They told us they would report any changes or concerns about a person's nutritional health to the team leaders for further investigation by the appropriate health care professional.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind to them and we saw this throughout our inspection visit. Comments made by people were, "Staff are very nice," And, "They are all pleasant and helpful." A relative we spoke with told us, "Yes. They are chatty and have time to speak to you." A visiting healthcare professional we spoke with told us they thought the care staff were, "Brilliant." They went on to say, "I love coming here, the staff are very caring about the residents."
Staff demonstrated through their words and actions that people mattered and were important. For example we saw them touch people on the arm and hand when speaking with them and people responded positively. There was a relaxed atmosphere at the service and we heard friendly banter and laughter during the day.

We saw staff respected people by the way they spoke to them and through their actions. For example, we heard staff speak quietly to people when discussing personal issues and they rang people's door bells before being invited into their flat. Staff asked people if they would be willing to speak with us in their flats during the inspection and asked us to wait until they had spoken to the person alone.

Before people came to live at Berryhill Retirement Village, the head of care ensured staff had detailed information about people so they understood how people wished to be cared for and to provide background information about them. For example care plans contained information about people's personal histories and their likes and dislikes and support plans reflected people's wishes and preferences.

Staff had a good understanding of people's needs and preferences. They had taken time to get to know people and their background and families. The locksmith worked closely with individuals to help build relationships, and to find out about their life, hobbies and interests. They took time to find out as much as they could about the person and then produced information for the care staff to help them understand the person and their needs. For example one person had started to lose interest in their meals so to improve their appetite staff would assist them to go to a lunch club and remind them every Friday to have 'take-away' fish and chips, something they enjoyed. During our visit we were informed by the registered manager that there would not be a dedicated person undertaking this role in the future, as this responsibility was going to be taken on by the team leaders.

All the staff we spoke knew about the people they supported and were keen to build relationships with them. One staff member told us, "This job is so good, I enjoy it and we get time to speak to people." Another commented, "Some people who have come to live here have been very sad, lonely and depressed. This is a new life for them; we are a great team."

Staff had spent time consulting with people and their family about how they could provide care and support, to make sure the person felt included and valued. Where people expressed concern or anxiety, staff allayed their fears. For example one person told us they had been frightened to use a taxi in their wheelchair as the ramps made them feel unsafe and they were scared they might tip over. A member of staff told them about a taxi company where there was a lift to get the chair into the cab, and, for the first time in three

years, the person was able to use a taxi to access the local community.

People we spoke with felt staff supported them to maintain independence where possible. They told us how staff took time to support them to participate as fully as they could in their care. One person told us, "They encourage me to do as much as possible." Staff we spoke with told us, "We know those people that can be independent so we encourage that, but then we assist if needed."

Staff respected people's dignity whilst providing personal care. One person told us, "They cover my bits [personal areas] up!" We observed in one person's care plan that staff had identified due to a health condition the person may feel their dignity was affected. There was a risk assessment in place that read, "I am at risk of reduced dignity associated with..." This demonstrated that staff were sensitive to the person's feelings and how their condition could impact on their dignity.

Staff told us they understood the importance of maintaining confidentiality about people and their care, and we saw records containing personal information were stored securely. We were present at the staff handover meeting in between the staff shift change, and observed the team leader stopped speaking about people when the office door was opened. They would only being again once they were satisfied the door was completely closed and their conversation could not be overheard.

Staff knew about advocacy services and the important role family and professionals had in relation to each person's care. They told us they knew how to contact the relevant people if they thought a person required someone to advocate on their behalf.

The team leader and well-being nurse told us people were supported if they wished to end their lives at the service. One told us, "We can support people who are on end of life care and we work closely with the McMillan Nurses."

Good

Is the service responsive?

Our findings

People we spoke with told us the staff knew their needs and made sure their care plan reflected these so staff could respond in a way the person wanted. One person told us they had been actively involved in setting up their own plan of care, others commented that they and their families had been involved together.

Prior to using the service, people were assessed by the management team to ensure they could meet their needs and people were invited to visit and spend some time at the village before making a decision to move there. Information was also sought from professionals involved in people's care to determine if the service would be appropriate for them. People were encouraged to spend time speaking with others living at the village who were 'resident ambassadors'. The 'ambassador' would provide advice and information about the service, for example introducing people to new neighbours, the location of important notices and meeting dates.

People we spoke with told us they felt fully involved in the planning of their care and were asked to sign when the care plans were reviewed or changed. One person told us they regularly spoke with the team leader who reviewed and discussed their care needs with them. They told us they were actively involved in any decisions made, and felt staff were responsive to their changing needs. Following the review meeting they read what updates the staff had written in their records and signed to say they agreed. One relative we spoke with confirmed they had been involved in the review of their family member's care plan. The team leader told us, "We have regular care plan reviews and we do our best to accommodate people's needs. We involve the families as well. We want to include them and get their useful information about the person."

Care records detailed people's history and backgrounds, so staff were aware of relevant information about them. Care plans provided staff with good information about the care people required, and details about people's changing needs and how to support them. We saw plans encouraged staff to enable people to be as independent as possible. Staff were knowledgeable about people's needs and communicated any changes to each other.

Staff told us the information in care plans helped them understand people's needs and they had time to read plans before providing care to people. If any clarification was needed, or there were concerns, they would discuss these with the head of care or team leaders. One staff member told us, "It's all in the care plans, what time the call is and what care we have to give."

Staff also communicated about people and their care at the staff handover meetings between shifts. We were present at the staff shift handover and heard clear and lengthy reports on each person. However one staff member told us they felt communication could improve as they did not always receive feedback if they had made a referral about a person to another healthcare professional. They went on to say it was helpful for them to know the outcome of the referral so they were kept up to date with any treatment or support the person required.

Staff were responsive in providing support for people, one person told us, "If I am not well, and need them for more help, they are really good." During our inspection we heard staff talking to people whose needs had changed and asking how they could support them further to maintain their health and well-being.

There were communal rooms in the village which meant people could choose to meet socially if they wished to, and some activities were arranged there. The service also had a gym a hairdresser, a computer room, and a village shop. On the day of our visit people were enjoying a circuit training programme and we heard lots of laughter and people were clearly enjoying themselves. There were also quiet lounges and a library for people to use and during the day and we saw people sitting in the main lobby area chatting to each other.

The provider employed an activities facilitator who told us, "I try to encourage people to come down to join in with activities." They went on to tell us they had set up a 'spirit and destiny' group, this was to provide people with the opportunity to discuss spiritual experiences and unique beliefs. This was in addition to providing access for people to join in with other religious faith services. The locksmith supported people to join clubs and participate in areas which interested them.

People told us they knew how to make a complaint. One person told us, "I was told verbally when I moved in that if I had any problems to; 'come and see me' by the manager." One person we spoke with told us they had complained in the past, and their complaint was listened to by the team leader who responded immediately and the matter was dealt with to their satisfaction.

We saw in the main areas, leaflets advising people how they could raise a concern or leave a compliment about the service. There was also information in the tenant's handbook on how to make a complaint. Information in the complaints record showed that the home had received a small number of complaints in the past year. These had been handled in line with the provider's complaints policy and from the information provided we could see had been resolved to people's satisfaction.

Good

Is the service well-led?

Our findings

People and relatives were satisfied with the service and people told us they could approach any of the management team and felt they would be listened to. One person told us they knew who the registered manager was and commented, "They are approachable."

The registered manager had only recently joined the service in June 2016 and was still in the process of establishing themselves within the role. Some people told us they had not yet met the new registered manager but they had good relationships with the team leaders and head of care and felt confident raising any concerns or questions directly with them. The registered manager told us they were keen to make staff more accessible to people and relatives and had reorganised the location of the office that the care staff used. This now faced into the dining room and was more visible for people and relatives if they needed to speak with staff. The manager told us, "We have an open door policy and I want to make sure people have good access if they want to speak with us."

Everyone we spoke with told us they thought the service was well led. One person we asked said, "Yes, and they have very good quality staff as well." Relatives told us they knew where to find the registered manager and during our visit we saw people coming to the office to speak with them. We asked if they felt the service was well led and comments made were "Yes, very good." And, "Yes, I think so."

One person we spoke with told us they had been invited to join in an independent survey about the service, they told us, "Someone from Keele University asked me some questions, they filled in a form for me. I signed it and the form was sent back to the University." The registered manager told us this was a research study carried out by the University which looked at the quality of life for people living at the provider's services and the cost of health and social care for older people. Areas such as flexible care and support and the training of staff were looked at and there were positive results in the improvement in symptoms of depression, memory and unplanned hospital admissions across the provider's services. We saw the results of this research which had been published as a brochure for people to read.

Staff told us they were supported by the management team with regular one to one meetings, and this provided the opportunity for them to discuss their performance and any concerns they had. Comments made about the registered manager were; "I haven't had a lot to do with the new manager, it's still early days." And, "Yes, [manager] seems good; I can bounce ideas off them." The staff told us they felt supported by the provider and the long term stability of the team was a reflection of this.

All the staff and management team we spoke with had a high level of understanding of the needs of people in the village who used their service, and a desire to provide a good service and quality of life for people in their care. The team leader told us, "The atmosphere here is great, this is people's home and we want them to feel secure here." During the shift handover we heard the team leader updating staff that a person was returning back from a hospital stay. They commented, "[Person] is much better, and they are coming home to us."

Staff told us they had a good understanding of their role and responsibilities, we observed staff enjoyed their work and valued the service they provided; they told us that they were happy and motivated to provide high quality care.

Staff told us the head of care and team leaders carried out random "spot checks" which enabled them to carry out observations of staff to assess their working practices. Appraisal meetings were held once a year and staff and managers used these to discuss staff performance, the goals staff wanted to achieve and their training needs. There was a 24 hour on call system to support staff if they needed to speak to a manager out of hours.

Staff meetings were held throughout the year and gave staff a formal opportunity for discussion. There were also daily morning meetings for all staff to be updated on areas such as new residents to the village, any hospital admissions or discharges, and specific topic areas for discussion to raise staff awareness and remind them of the correct processes to follow. On the day of our visit staff were reminded about the management and administration of medicines.

The registered manager told us they felt well supported by the provider, they commented, "My line manager visits every month and I can pick up the phone to discuss things, I also liaise with other managers in the area."

The provider and management team used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people, and their relatives, were asked for their opinions of the service through spot checks, care plan reviews and satisfaction surveys.
We saw the results of the last resident survey July 2015, 84% of people overall were satisfied with the service and 90% were satisfied with the care they received.

People and their relatives were encouraged to put forward their suggestions and views about the service they received. Regular group meetings were held involving people who lived at the village and their relatives. There were also meetings held in corridors (known as streets at the service) and the head of care told us this was an opportunity for people to discuss any concerns in smaller groups.

The management team monitored incidents and accidents within the home to identify trends. Where investigations had been required, for example in response to falls, analysis had been carried out to learn from the incident and make improvements to reduce the likelihood of them happening again.

A range of audits were undertaken to check the quality and safety of service people received. This included checks on the management of medicines, care records, personal care delivery, staff training and the safety and cleanliness of the premises. Actions were taken in response to any shortfalls identified to ensure people received a good quality service.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.