Jewish Care

Vi and John Rubens House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place over two days on 19 and 23 May 2016 and was unannounced on the first day.

The service is registered to provide residential and nursing care and support to 105 older people. The service is run by Jewish Care, a voluntary organisation. On the day of this inspection, 92 people were using the service. The nursing and residential services are located on the ground floor and upstairs, there are two units for people living with dementia.

At our previous inspection in June 2014 the service was compliant with the regulations we inspected.

The service had a registered manager. 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 felt safe in the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received recent training in safeguarding adults. Staff were aware of the actions they needed to take if they had concerns regarding people's safety.

Risks to people's health and wellbeing were identified, recorded, reviewed and managed. Systems were in place to ensure that people received their prescribed medicines safely and appropriately.

The provider's recruitment process ensured that staff were suitable to work with people who needed support.

Staffing levels were sufficient to meet people's needs. Systems were in place to review staffing levels in line with people's needs.

Staff received regular training and supervision that provided them with the knowledge and skills to meet people's needs. The provider was in the process of incorporating annual staff appraisals as part of their staff support process.

Staff supported people to make choices about their care. Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and that their human rights were protected.

People living with dementia were accommodated in two separate units on the second floor. We saw that the environment was not suitably adapted to meet their needs and we have made a recommendation about this.

People told us that they were happy with the food and drink and were provided with culturally appropriate food of their choice so that their nutritional needs were met.

Staff had a good knowledge of people's life histories and preferences regarding their care and support needs. People's care plans were being reviewed and updated to ensure that they contained all of the necessary information to enable staff to support them safely.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP and the local hospice.

Sufficient arrangements were not in place to meet people's social and recreational needs and we have made a recommendation about this.

The registered manager was aware of the requirements of their registration with us and notified us of significant events related to care provision. The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained.

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 provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

People received their medicines appropriately and safely.

Risks were identified and systems were in place to minimise these and to keep people as safe as possible.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

The equipment was well maintained to ensure that it was safe and ready for use when needed.

Is the service effective?

Requires Improvement

The service provided was not consistently effective. People told us that they were happy with the food and drink provided.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to support people who used the service.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

The environment did not meet people's needs, especially for people living with dementia. We have recommended that changes be made to assist people living with dementia according to National Guidelines.

Is the service caring?

Good

The service provided was caring. People were treated with kindness and their privacy and dignity were respected.

Staff supported people in a kind and gentle manner and responded to them in a friendly and patient way.

People received care and support from staff who knew their likes and preferences.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Good

The service provided was responsive. Care records were sufficiently detailed and individualised to ensure that people's needs were met fully
and responsively.

People using the service and their relatives were encouraged to give feedback on the service and use the complaints system.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, interests and preferences in order to provide a personalised service.

However we have recommended that the range of activities available for people is improved in order to meet people's recreational needs.

Is the service well-led?

Good

The service provided was well-led. People were happy with the way the service was managed and said that any concerns were taken seriously and dealt with.

Staff told us that the registered manager was accessible and approachable and that they felt well supported.

The provider sought people's feedback about the quality of service provided and their comments were listened to and addressed.

The management team monitored the quality of the service provided to check that people's needs were met and that they received the support that they needed and wanted. When this did not happen, action was taken to address any shortfalls.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

At the previous inspection of the home in June 2014, we found that the provider met the regulations we inspected.

This inspection was unannounced on the 19 and announced on 23 May 2016. The inspection team consisted of one inspector and a specialist nurse advisor who was a nurse, with knowledge of older people's needs.

Before our inspection, we reviewed the information we held about the service which included the provider information return and a report of a visit carried out by Redbridge Health watch in October 2015. We also reviewed the information we had about the service. This included information sent to us by the provider such as notifications and safeguarding information.

During the inspection we spoke with 15 people who use the service, 10 relatives of people and two health care professionals, visiting people living at the home. We spoke with two nurses, ten staff, the registered manager, deputy manager and the service manager. We looked at 11 people's care records and other records relating to the management of the home. This included five staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at the home. One person told us, "I am comfortable and safe here." Another said, "I feel safe here. Very much so." A visitor told us "Yes. I think my relative is safe here." We observed that staff were available to offer help and support to people when they needed it.

Staff explained how they would recognise and report any concerns they had about people's safety and wellbeing. One staff member told us if they had any concerns, they would inform the registered manager. Another staff member described how they might recognise changes in a person's behaviour in a potential abusive situation. They told us, "It could be physical signs or people might become quiet. I would report any concerns straight to the manager." Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and to the local safeguarding team. We saw that safeguarding incidents had been appropriately investigated and referred to the relevant agencies, including notifications being sent to CQC.

A whistle blowing policy was in place and staff were aware of this and knew the process to follow if they had any concerns. Whistleblowing is a means of staff raising concerns about the service they work at.

The provider had a robust recruitment and selection procedure in place. They carried out relevant checks when they employed staff in order to make sure they were suitable to work with people who used the service. This included Disclosure and Barring Service (DBS) checks. At least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of their passport, driving licence and birth certificate. The registered manager explained the recruitment process to us, as well as the formal induction and support given to staff upon commencing employment. They also showed us they carried out regular checks on all nursing staff, ensuring they had the appropriate registration to practice. Staff confirmed that they had undergone the required checks before starting to work at the service. When appropriate, there was confirmation that the person was legally entitled to work in the United Kingdom.

Risks to people were assessed and included the action needed to reduce the risks to people. Care plans showed staff assessed the risks to people's health, safety and welfare. The assessments included details of a person's mobility, dexterity, continence, nutrition and skin viability. A mental capacity assessment and a bed rail assessment were also included. Where risks were identified, the actions to minimise these were clearly stated so staff were aware of what they needed to do to keep people safe. For example, where a person had been identified as being at risk of falls, the action described in the risk management plan was to monitor the person and highlighted the preventative measures that should be in place. These were reviewed monthly or more often when needed, including a record of changes to the level of risk and actions identified to address them.

There was a system in place to assess and monitor staffing levels in relation to people's needs and the number of people accommodated at the service. People offered varied comments about the staffing levels. We saw that they received appropriate support during the day and staff were supported by domestics,

catering staff and a handyperson. Some people told us there were times when they had to wait for help and support from staff, particularly at night. One person said, "They do what they can but night time is the worst. I need help to stand up. I pulled the cord [in the evening] and waited. No one came. In the end I went to the toilet by myself." Another said, "Lately there is not enough staff. I am ok but people are kept waiting, especially night staff, they don't come. Two weeks ago I rang the bell twice, they didn't come." The registered manager explained how the staffing levels were determined according to the number of people accommodated and the level of need. We saw the rota and spoke to the manager about the staffing levels at night and the changing needs of the people. They told us that staffing levels will be reviewed and changes made if needed.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in locked trolleys and only the nurses and senior member of staff on duty held the keys and were responsible for administering medicines.

We saw people received their medicines at the time they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff to correctly identify people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. A record of people's allergies were recorded on their medicine records, which provided staff with clear guidance regarding people's allergies. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

The registered manager was responsible for conducting monthly medicines audits, to check that medicines were being administered safely and appropriately. An independent pharmacist company had completed a full audit on the home's medicine processes on a six monthly basis and completed a report, with recommendations and any actions. The registered manager was responsible for ensuring the recommendations were implemented to ensure the safety of their medicine processes.

The premises and equipment were appropriately maintained. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The provider information return (PIR) record also confirmed that appropriate checks were carried out on hoists, pressure relieving mattresses and fire alarms to ensure that they were safe to use and in good working order. Systems were in place to ensure that equipment was safe to use and fit for purpose. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had told us about such events and had taken appropriate action to ensure that people were safe.

Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency . Accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

Requires Improvement

Is the service effective?

Our findings

People who used the service and relatives told us that staff knew what they were doing and how to support them. They spoke positively about the staff who supported them. When asked if they were happy with staff support, they told us "The staff are helpful", "The staff are really nice and friendly." and "I get on alright with the staff. They give me the help I need."

People living with dementia were accommodated in two separate units on the second floor. We saw that the environment was not suitably adapted to meet their needs. There was little signage or other dementia appropriate equipment or sensory items for people with this condition. Signs could be used throughout the home to assist people in identifying their bedroom, the toilets, bathrooms and other communal areas. The signage would enable people to increase their level of independence and offer an environment suitable for their needs. Hence, overall the environment was not supportive for people living with dementia.

The registered manager informed us that a dementia care review was instigated by the service in February 2016 and an action plan was in place. It was identified that support was needed with both group and individual (1:1) activities. They informed us that they have commenced work on their action plan such as the installation of a themed garden and carrying out a dementia care mapping exercise. However, although the service have begun to take action, further improvements are required. We recommend that the provider continues to review the environment, surroundings and the activities and make appropriate improvements in line with guidance on this from its own review, the Alzheimer's Society and the University of Sterling.

People were cared for by staff who received appropriate training and support. Records showed there was an annual training programme in place. Staff spoke positively about the training they had received particularly the eight day corporate induction training when they commenced work. This included training in the Jewish way of life, safeguarding, privacy and dignity, equality and diversity, dementia, person centred care and enrolment for the national care certificate.

We saw records of training in a wide range of relevant areas including mental health awareness, visual impairment and sensory loss, diabetes awareness, end of life care and Parkinson's disease. Training monitoring records indicated some areas in which training was behind for some staff including health and safety, Mental Capacity Act 2005 (MCA), dementia and safeguarding people. There was a plan in place to up date the training matrix which would flag up when staff were due to undertake refresher training. We saw that staff were enrolled to be provided further training in the above areas. Nurses spoke positively about their training and were supported to undertake relevant professional development courses including training in wound care and catheterisation. People were supported by staff who received appropriate training to enable them to provide a service that met their needs.

Staff told us that they felt well supported and described good team work and communication within the team. There was a low turnover of staff, indicating that staff felt supported at the home. The registered manager told us that staff supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) was approximately every two months. Staff confirmed

that this happened. One member of staff told us that they were given feedback and asked about new ideas and training needs. They told us that the management team were approachable and supportive and that they provided "good support and advice." There were systems in place to ensure that staff had up to date information about people's needs and any changes. There was also group supervision in place for staff members. This gave them the opportunity to discuss work related issues as well as their training and development needs. However, staff did not receive an annual appraisal. The manager informed us that the service were in the process of incorporating annual appraisals within their staff support process in order to develop and motivate staff and also to review their practice and behaviours.

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

Most of the staff had received MCA and DoLS training and were aware of people's rights to make decisions about their lives. Staff were clear that people had the right to and should make their own choices and understood that people's ability to make choices could vary from day to day. Most staff had received MCA and DoLS training. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. A number of people who used the service had a DoLS in place and other relevant applications had been made to supervisory bodies and the manager was awaiting their responses. Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People were supported to eat and drink sufficient amounts to meet their needs. People told us they enjoyed the meals and had sufficient to eat and drink each day. One person who used the service said "I can choose what I want for breakfast and lunch." Other comments included "The food is excellent, they have the right kind of chef.", "The food is very nice we have a choice", and "The food is good I can't complain." One visitor told us that staff cut their relative's food up into very small pieces so they could manage to eat it. Some people ate independently and others needed assistance from staff. We observed that staff appropriately supported people to eat and that they were not hurried. We saw that for people who required a pureed diet, each food was pureed and served separately to enable them to enjoy the different tastes. When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

All the people who used the service had a specific dietary requirement due to their culture or religion. The home provided a kosher diet for people. Food preparation was undertaken following Jewish principles about keeping kashrut (keeping meat and dairy items separate). The catering company manager told us that ideas for the menus were collected during residents' meetings, and that people's opinion was continuously sought to improve menus and maintaining nutritional value. People were provided with meals that met their specific dietary needs.

People were supported to access healthcare services. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietician and palliative care practitioners. People's healthcare needs were monitored and addressed to ensure that they remained as healthy as possible and the GP visited for a weekly 'surgery'. People confirmed that they had access to health care

professionals, and we saw this documented in their care records. One person told us, "The GP comes on Thursdays but I saw him yesterday because I was unwell." Arrangements were also made for people to be reviewed by a range of health and social care professionals including their GP, physiotherapist, chiropodist, occupational therapist, social worker, dentist and optician.

Instructions from health care professionals such as a tissue viability nurse (regarding pressure ulcer care) were followed by staff at the home. Clear records were maintained of the outcome of health care professional visits. They confirmed that their instructions and recommendations were followed by staff at the home. Health professionals told us that staff always made appropriate referrals (in relation to wounds/ catheter care). They said, "The staff act quickly, get the equipment and are responsive." Another said, "This is an excellent care home. There is close collaboration with good multidisciplinary liasion as well as in put from relatives."

The service was provided in a large purpose built building. There were three floors with a lift to the first floor. Adapted baths and showers were available as was specialised equipment such as hoists and pressure relieving mattresses. We noted that bedrooms had been personalised and a number of communal areas were available.

Good

Is the service caring?

Our findings

People received care and support from staff who knew and understood their needs. They told us the staff were caring and were happy with the care provided. Comments included, "It is very nice, no complaints, everything is fine," "It is lovely here, been here 14 years" and "Quite happy. They are pretty good." Most people we spoke with needed some level of assistance from staff with personal care which they received. They all commented they were treated with respect and their privacy and dignity were maintained. We saw that attention had been paid to people's appearance. They were smartly dressed, their hair was styled, nails polished and for many, make up was applied. Visitors told us they felt their relatives were well treated and no one we spoke with complained about the level of care provided. One visitor told us, "The staff always have time for you, especially when I have my bath, they never rush." Another stated, "I never worry when I need anything, my room has everything I need and I love my own pictures and bits and bobs."

People's privacy and dignity were maintained. Staff said they respected people's privacy and dignity by knocking on doors before entering rooms. When supporting them with personal care they ensured people were not too exposed and that doors and curtains were closed.

Staff we spoke with knew the people they cared for. They told us about people's personal preferences and interests and how they supported them. Staff said there was a regular staff team, good teamwork and that they worked flexibly to ensure that people were consistently cared for in a way that they preferred and needed.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. One member of staff told us, "We try to get them to do things for themselves so that we don't take all their independence away."

People were supported by staff to make daily decisions about their care as far as possible. We saw that people decided what they did, where they spent their time and what they ate. 'Residents and relatives' meetings had taken place and minutes of the meetings were displayed on the notice board. People were asked for their opinions about what happened at the service and to them.

Staff told us that whenever possible people and their representatives were consulted with planning their care and treatment. One person who used the service said: "Yes I am involved, they [staff] always keep me informed about things." We asked a visitor about the involvement they had in their relative's care they told us, "a care plan was completed with [the person] and their relative. They also did a life story book. [The person] is very happy here."

The home provided support for people to practice their religion and have their social, cultural and spiritual needs met. Friday night Shabbat services were held each week and all Jewish festivals were celebrated. A visiting Rabbi offered spiritual support to people and their families, particularly at the end of life. He also provided support and guidance to staff.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP. Nursing staff had received training to enable them to effectively administer pain relieving medicines to people at the end of their life. This helped to ensure that people were comfortable and as pain free as possible. Do Not Actively Resuscitate (DNAR) forms were in place for those who had wanted this. People benefitted from the support of a caring staff team.

Good

Is the service responsive?

Our findings

Most people who used the service and their relatives were positive about the way the staff responded to their needs. When asked if they were happy with staff support, they told us, "The staff are helpful" and "the staff are really nice." A visitor told us, "[My relative] had pneumonia in hospital. They came back and was up in two days because of the care she got. It was fantastic." Another said, "The care is excellent here." However, some people told us that at times they waited a long time to be assisted at night. The management team were aware that more work was required to ensure that these sorts of issues did not arise and that people's needs were met in a timely manner. We found that once issues were identified action was taken to address these.

When we asked people how they spent their time, they told us "Plenty of telly and films or we go out in the garden when the weather is nice.", "They do have some (activities) not a lot, we sit and watch TV most of the time.", and "Staff don't do activities here like they used to." We observed one person playing the piano for a short time and another person engaged in an arts and craft activity after making several requests to do so.

We observed that most people sat in the lounges with the television on, however, not many were watching it. We saw that staff were either busy supporting people with their care needs or sitting with people also watching TV. There was little banter or interaction between people and the staff.

The lounge's chairs were set out along the walls with the television at one end of the room, so that most people could not view it. It was left on all day without many people watching it. We were informed by staff that although people may not watch TV, they liked to have it on. There were other smaller quiet lounges where people sat reading, listening to music or chatting with visitors. There were birthday parties and parties to celebrate Jewish festivals. One person told us, "We celebrated my 100th birthday at the Dennis centre. All the food was made here. It was lovely. We celebrate all the Jewish festivals. The families come too."

Visitors had expressed concern via the CQC web form, about the lack of stimulating activities in the dementia units. We spent time in the dementia units on the first day of the inspection. There were no visual prompts, photographs or other signs to support people in orientation of time and place. This would have supported people to maintain their independence. The National Institute of Health and Care Excellence (NICE) guidelines state: "The care provider has the ability to control and change the environment to a much greater extent. They should be aware of the value of creating homely settings that enable people to participate in day to day living activities; of having simple layouts that are easy to follow; of the impact that contrasting colours, good signage and effective lighting can have."

We spoke with a creative arts development co-ordinator who was supporting the home. They told us that following a dementia care review, it was identified that support was needed with both group and individual (1:1) activities. As part of this a themed garden had been installed at the home by the arts, dementia and disability team working with people who use the service and staff. On the day of the inspection, we saw an activity involving plant pots in the middle of a table and the arts team were facilitating an arts & craft activity

with people. However, there was little interaction or participation from people in this.

We were informed by the manager that the dementia care review had commenced in February 2016. On the day of the inspection, we did not see environmental changes or activities implemented as a result of the above review although some work had commenced. We recommend the provider refers further to the National Institute of Health and Care Excellence (NICE) guidelines as well as those made by the Alzheimers Society to make appropriate improvements in order to carry out person centred activities to encourage people to maintain their hobbies and interests and avoid isolation.

People's individual records showed that pre-admission assessments had been carried out by the registered manager or trained staff. Information was also obtained from other professionals and relatives. The assessments indicated the person's overall needs. One visitor told us that another family member had been involved with their relative's pre assessment. The assessments indicated the person's needs and gave staff the initial information they needed to enable them to support people when they started to use the service.

The assessments were then used to complete an individualised care plan for the person, which enabled people to be cared for in a person centred way. Information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and their life history. This information would then assist staff to ensure the care and support is delivered in the way the person wants it to be. For example, one person's care plan identified, "[The person] needs assistance by two staff. Hoist required for all transfers. Staff to transfer with a standing hoist for all transfers. Staff to explain procedure before using the standing hoist."

We saw in people's records that care plans were regularly reviewed by their key workers and reflected their current care needs. Changes in people's care needs were communicated to staff during the handover between shifts and recorded on the system. This meant that staff had current information about people's needs and how best to meet these.

Risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and the use of bed rails. The registered provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin. We saw the system that was in place if people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity. There were body maps in place to record any bruising or injuries sustained by the person.

We saw that the service's complaints procedure was displayed on notice boards in communal areas around the service. Complaints were logged and actioned by the registered manager. People were confident that any issues or concerns would be addressed by the registered manager. One visitor told us, "I have a good relationship with the staff. If there's a problem I speak to somebody. People used a service where their concerns or complaints were listened to and addressed. Records were in place of all complaints received since the last inspection, including details of action taken to address them

Good

Is the service well-led?

Our findings

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular 'residents' meetings were held. Yearly surveys were undertaken of people living in the home and their relatives. Regular visits were made by members of the
provider organisation's senior management team who assessed the home against various criteria and produced a written report and action plan.

People and their relatives were positive about the home's management. They told us, "If I was worried about something I would tell the manager. I would go to the office" and "I have no complaints but if I did I would tell the manager." Visitors told us that they would raise any issues with the manager. They also told us that they were kept informed about any concerns or issues about their relative. Staff told us, "I am so happy doing this job.The managers are very supportive." Another member of staff said, "Our managers are very approachable. We can always go to them to clarify anything."

The provider had effective systems in place to assess and monitor the quality of the service. There were clear management and reporting structures. There was a registered manager in overall charge of the service, who was suported by a deputy and unit managers. In addition to care staff, there were nurses who led each shift on the nursing unit . Staff reported good team working and described the home as a good place to work.

People were consulted about what happened in the service through residents' meetings and annual quality assurance surveys. For example, they were asked for their opinions and ideas about menus, celebration of festivals and the refurbishment plans. People were listened to and their views were taken into account when changes to the service were being considered.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. One member of staff commented, "It's okay. Yes, I think the home is run well and is well led. Management are brilliant. The registered manager and deputy are always available if you need them. They go out onto the floor when we need them too."

The management of the service was open and inclusive. We saw records of internal audits relating to the service which were carried out by directors or managers from other services. These were carried out every six to eight weeks and outlined compliance with regulations as well as areas for improvement. Unannounced night visits were also carried out. A night visit undertaken in February 2016, identified that all people should be given access to call bells at night. A random check was carried out by the registered manager in March 2016, which found that this was now complied with. Clinical key performance indicators were measured monthly for areas such as the number of people taken to accident and emergency, falls and deaths, advanced wishes for end of life care and the management were aware of further work needed to address areas highlighted including recording advanced wishes for more people.

The registered manager understood the responsibilities of their registration with us. They reported

significant events to us, such as safety incidents, accidents and deaths that had occurred at the service, in accordance with the requirements of their registration. We saw the registered manager had displayed our rating of the service on a notice board within a unit. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided.

Current records were available of gas safety and electrical installation certificates, portable appliances testing, water testing, lift and hoist servicing, fire equipment servicing and regular fire drills and call point testing. A refurbishment programme was planned for extensive work to be undertaken improve the environment, to promote people's freedom, independence and wellbeing.