Mauricare Limited

Ivy Leaf

Inspection report

29 Gedling Road
Gedling
Nottinghamshire
NG4 3EX
Tel: 0115 961 6785
www.mauricare.com

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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

Overall summary

We carried out an unannounced inspection of the service on 20 August 2015.

Ivy Leaf is a care home which can provide a service for up to 14 people. There were 13 people living there at the time of our inspection. The majority of people living at the home are older people living with dementia.

Ivy leaf is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

During our last inspection on 7 April 2014 we identified one breach of the Regulations of the Health and Social Care Act 2008. This was in relation to assessing and monitoring of the quality of service provision. The provider sent us an action plan detailing what action they would take to become compliant with this regulation. At this inspection we found the provider had made the

Summary of findings

required improvements. There were systems in place that monitored the quality and safety of the service. Additional audits and checks had been introduced and were working well.

At this inspection people who lived at Ivy Leaf and their relatives told us they were safe. There were processes and systems in place to protect people from the risk of harm. This included safe recruitment and staff training in safeguarding people against the risk of abuse.

People's health and social care needs had been assessed and associated risk plans and plans of care developed. These were reviewed regularly and people and their relatives were included in discussions and decisions.

People told us that they received their medicines safely and we saw the administration and storage of medicines were correct. There were suitably qualified staff that were deployed appropriately to meet people's needs. The environment was safe and met people's individual needs.

CQC is required by law to monitor the operation of the Mental capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. We found people's human right were protected because MCA and DoLS were understood by the registered manager and deputy manager and adhered to.

People told us that they were happy with the food choices and that their dietary and hydration needs were met. Where people required support with eating and drinking this was provided in a sensitive and respectful manner.

People said that they were supported to access healthcare services and that they had visits from the GP and other health professionals. We saw the provider worked with healthcare professionals and sought advice and support when required.

Staff were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

Some concerns were identified with how staff were deployed. The provider took immediate action and an increase in staffing levels insured people were safe and had their individual needs met.

People said that staff were kind, caring and respectful and that their dignity was maintained and individual needs met. Additionally, people gave examples of how they were supported with activities, interests and hobbies. Staff were observed to be attentive to people's needs and supportive to people's choices.

Confidentiality was maintained and people had access to independent advocacy information and the provider's complaint procedure. People and their relatives or representatives were given opportunities to share their views about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

People said that they felt safe living at Ivy Leaf. There were robust systems in place to protect people from avoidable harm and to respond to allegations of abuse. Staff had been appropriately recruited.

People had risk plans in place that made sure they received safe and appropriate care. Whilst we found some concerns about staffing levels action was taken by the provider to ensure sufficient staff were deployed to meet people's needs.

People told us they received their medicines safely. Medicines were managed correctly.

Is the service effective?
The service was effective

Good

People told us that they were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals and supported people to maintain their health needs.

People said that the food choices were good and they had sufficient to eat and drink. The menu provided a balanced diet and was based on people's needs and preferences.

The registered manager and staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and this legislation was adhered to.

Is the service caring?
The service was caring

Good

People told us staff supported them appropriately and were kind and respectful.

Our observations showed staff considered people's individual needs and provided care and support in a way that respected their individual wishes and preferences.

Confidentiality was respected and maintained and people had access to independent advocacy information.

Is the service responsive?
The service was responsive

Good

People had their needs assessed before they moved to Ivy Leaf and were involved in discussions and decisions about the care and support they received.

People's preferences and what was important to them was known and understood.

People received opportunities to share their experience about the service including how to make a complaint.

Is the service well-led?
The service was good

Good

Summary of findings

People and staff had confidence in the management of the service. Staff were clear about their roles and responsibilities.

Improvements had been made to the systems in place that monitored quality and safety.

The provider had notified us of all relevant incidents that they were

required to do.

Ivy Leaf

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.

This inspection took place on 20 August 2015 and was unannounced.

Before the inspection, we asked 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority for their feedback about the service.

The inspection team consisted of one inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with seven people that used the service and three relatives for their experience about the service. We spoke with the registered manager, deputy manager, a senior staff member, three care staff and the cook. We also looked at all or parts of four people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

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.

Good

Is the service safe?

Our findings

People we spoke with, including relatives told us they felt safe living at the service and people were confident they were suitably cared for. One person told us, "I'm safe and well looked after here." Another person said, "Definitely I am safe and happy." Relatives we spoke with also confirmed that they felt their relative was cared for safely. Additionally people said they felt able to raise any concerns of a safeguarding nature with the staff.

Staff we spoke with had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. They told us that they had received safeguarding training that they found useful. Additionally, they said they felt confident that the registered manager and deputy manager would respond appropriately if concerns of a safeguarding nature were reported to them.

People were safe and protected from avoidable harm and abuse because the provider had ensured staff were aware of their role and responsibilities. We looked at staff meeting records dated April 2015 and August 2015 and found that safeguarding was a topic of discussion. The registered manager reminded staff of the different types of abuse and how to report any concerns. The staff training matrix confirmed staff had received appropriate safeguarding training and the provider had a policy and procedure for staff to follow.

People we spoke with, including relatives, told us they felt involved in decisions about how risks were managed. Some people that used the service smoked and they told us how they were supported to do this safely. We saw risk assessments had been completed that had involved the person in how these risks were managed.

Staff had a good understanding of people's needs, including any individual risks and so was aware of how to provide care and support in the safest way. One staff member said, "We have few incidents because we plan in advance what the risk is and how to manage it." The deputy manager gave an example of the action taken where risks had been identified with regard to a person's health and wellbeing. We saw from the person's care record that they were fully involved in discussions and decisions about how the risk was managed. This included support from healthcare professionals.

We observed staff safely supported people with their mobility needs. This included using a mobile hoist to transfer a person from one seating position to another. The staff were organised, gave the person reassurance by explaining to the person what they were doing. The service had a stair lift; we observed staff safely supported people to use this.

Risks to people that used the service were assessed and planned for. These were reviewed monthly or earlier if required and plans of care and risk plans changed if required. We looked at people's care records and found they included updated individual assessments which identified potential risks to people's health or welfare. Risk plans recorded the action that should be taken to minimise the risk. For example, we found that risk plans were in place where people were at risk of falls or developing pressure sores and these detailed action staff should take. Where people had been assessed as requiring specific equipment to meet their individual needs and keep them safe we saw these were in place.

The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of the service, or put people at risk. This included personal evacuation plans to be used in the event of an emergency. Records showed that regular checks on the equipment and environment were completed. External contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

There were systems in place to report and monitor accidents and incidents. Staff were aware of the reporting process for any accidents and incidents. We saw records were fully completed; these detailed what had occurred and the action taken. Where people had received an injury body maps were completed, this enabled staff to monitor the person. The manager monitored and analysed accidents and incidents for themes and patterns on a regular basis. Staff gave examples of the action taken to reduce further risks. This included referrals to healthcare professionals for further assessment and support.

People told us there were sufficient staffing levels at the service and were confident that staff were available to meet their needs when they required support. One person said, "Staff attend the bell and there is no problem." Another person said, "At night the bells are answered in a couple of minutes."

Good

Is the service safe?

Staff told us how staff were deployed. They said that at the start of the day and later in the day the staffing levels reduce to two staff. The staff roster confirmed what we were told. During our visit, we saw there were staff available to meet people's needs and keep them safe. People did not experience delays when they asked for assistance and staff were on hand to provide support when it was needed. However, we were concerned that people were potentially at risk during the periods of the day when the staffing levels decreased to two staff. Staff told us and records confirmed that five people required two staff to support them with their mobility. This meant that whilst staff were providing this care when two staff were on duty there was a risk that other people were unsafe. We discussed this with the registered manager. They agreed to make immediate changes to the staff roster to ensure that there were sufficient staff available at all times over a 24 hour period. The registered manager sent us a copy of the amended staff roster the following day after our visit. This confirmed the staffing levels had been increased to ensure people's safety. We also contacted the service and spoke to a member of staff who confirmed the changes.

People and their relatives were all confident they were supported with their medicines safely and appropriately. One person told us, "My medicine is given to me on time." A relative said that their family member received their medicines safely and appropriately.

Staff told us they had received appropriate training about the safe handling and management of medicines. We observed a staff member administering people's medicines. Whilst we saw they did this safely we noted that they were unable to advise a person when asked what their tablets were.

We found individual medicine profiles for people were out of date. This detailed each person's medicines and the reason it was prescribed, side effects and important details about how the person liked to receive their medicines from staff. We discussed this with the registered manager who advised these were in the process of being updated. The day after our visit the registered manager sent us a copy of an example up an updated medicine profile. They confirmed that the remaining profiles would be completed within two weeks.

All medicines were stored and managed correctly. We checked the medicine records for all people in receipt of medicines and found these had been completed appropriately by staff. Staff had received training and had their competency assessed. There were policies in place that reflected best practice and guidance.

Good

Is the service effective?

Our findings

People we spoke with felt they were supported and cared for by staff that were competent in meeting their needs. One person told us, "Staff here are aware of my support."

Staff were positive about the support and training opportunities they received. One staff member told us, "There are plenty of training available. We receive training internally and externally." Another said, "The training is really good." The registered manager told us that healthcare professionals that supported the service, provided staff with additional training targeted to staff needs. This included topics in managing pressure sores, falls and nutrition. Staff confirmed what we were told.

Staff we spoke with were clear about their role and responsibilities and demonstrated they were knowledgeable and understood how to provide effective care and support.

The provider had an induction programme for new staff that included the Skills for Care Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We saw an example where a new staff member was working their way through these standards. This showed staff were supported to learn and understand their role and responsibilities and their knowledge, skills and experience were developed.

We saw the provider had a training, supervision and appraisal plan for staff dated 2015. This showed staff received regular opportunities to meet with the registered manager or deputy manager. This was to discuss any areas of concern, what had worked well and areas of improvement. Staff confirmed they received opportunities to discuss and review their performance and that this was beneficial to them.

People told us that before support was provided staff gained people's consent. We observed how staff supported people and engaged with them before support was provided. For example, staff gave explanations and choices before support was provided. They waited for a response that demonstrated the person's consent and respected their wishes.

From the sample of care files we looked at we saw what action the provider had taken that protected people's human rights. For example, the admission assessment form recorded if a person had lasting power of attorney that gave another person legal authorisation to act on a person's behalf about decisions relating to their care and welfare.

The registered manager and deputy manager had a good understanding of the principles of the Mental Capacity Act (MCA) 2005 and there were policies and procedures in place in relation to this. The MCA protects people who do not have mental capacity to make a specific decision themselves about their care and treatment. Where people lacked mental capacity to make specific decisions appropriate assessments and best interest decisions had been made and recorded. This showed how the decision was made, who was involved and that least restrictive practice had been considered.

Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty or freedom to undertake specific activities is restricted. The registered manager and deputy manager demonstrated an awareness of DoLS and what their role and responsibility was in relation to this. Where concerns had been identified about a person's liberty, we saw the registered manager had taken correct action. For example applications to the supervisory body responsible for assessing and granting authorisations to restrict a person of their liberty had been made.

People were satisfied with the choice of food and drink available to them. One person told us, "Food is lovely and I have no complaints, and the kitchen staff are aware of food I avoid." People told us they had a choice of meal and the cook was always willing to provide other alternatives.

We looked at the food and drink people were offered during our visit and observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People had been supported to make a choice of food and drink and were provided with appropriate support to eat their meal whilst remaining as independent as possible. People were offered additional servings and It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. We also saw that people were offered a choice of drinks and snacks during the day. Some people used specific equipment such as a plate guard to promote their independence.

Good

Is the service effective?

We spoke with the cook and looked at the menu available. We found that there was a balanced choice of food offered to people each day. People were given sufficient quantities of fresh fruit and vegetables and we found that food was made fresh on the premises. We saw the cook had information available to them that advised them of people's dietary, nutritional needs and preferences.

Staff showed a good understanding of people's nutritional needs and preferences. Records we looked at identified whether people were at nutritional risk and detailed action staff should take to mitigate these risks. We also found that advice from health professionals in relation to people's eating and drinking had been acted on by staff. This meant that people had effective support in relation to their nutritional needs.

People and their relatives told us they received support to maintain their healthcare needs and that they had access to healthcare professionals when required. One person told us, "The owner takes me to the hospital or GP." Relatives we spoke with said they had no concerns about their family member's healthcare needs being met. They also told us that they were kept informed of their relative's health care needs.

From the sample of care records we looked at we found people living with specific health conditions such as diabetes had their needs regularly assessed. Where required referrals to external healthcare professionals were made. Care records also showed that people were supported to maintain their health by being supported to access health services such as the dentist, optician and chiropodist.

Good

Is the service caring?

Our findings

People we spoke with were positive about the care and approach of staff. One person told us, "Carers [staff] are nice and look after me." Another person said, "Carers are nice and polite." Relatives were also positive about the care their family member received.

Staff showed a good awareness of people's needs and spoke about people in a compassionate and caring manner. People looked relaxed and confident in the company of staff. The exchange of communication between people and staff showed positive and meaningful relationships had developed. For example, we saw staff greeted people warmly and sat and chatted to people asking how they were. Staff were unhurried and their approach showed people that they mattered. Another example involved a staff member who was going on leave. They purposefully approached a person to say goodbye and wish them well for the future. This person was only at the service temporarily and would not be there when the staff member returned from leave.

We saw how staff were attentive to people's comfort needs. For example, people had a choice of when and where they wanted their meal and this was respected. A staff member noticed a person looked uncomfortable at lunchtime and identified they needed their eye brow trimming to prevent the hair going in the person's eye. After lunch this member of staff supported the person to have their eyebrow trimmed as they said they would, this was done in a caring and dignified manner.

Staff gave examples of how they supported people to be involved in discussions and decisions about the care they received. One staff member told us, "We talk to people and ask them how they want to be supported. We give gentle encouragement." Another said, "We involve people as fully as possible and also ask relatives for information about what's important to people."

Throughout our observations of staff interacting with people, we saw staff communicated effectively and knew what people liked to talk about and engaged people as much as possible in discussions and choices. This included for example where people wanted to spend their time and the activities they wanted to do. We saw examples of signed records in people's care records that showed they had or their relative had been involved and consulted in the development of their assessments and plans of care.

Information about independent advocacy support was available. This meant should people have required additional support or advice, the provider had made this information available to them.

People gave examples that demonstrated their privacy and dignity were respected. One person told us, "They [staff] give me a body wash and maintain my dignity and give respect." Another person said, "Carers are nice and kind, they give respect, maintain my dignity and we have a laugh together." Relatives told us there were no restrictions about visiting. One relative said, "I can visit anytime, staff are friendly and welcoming."

Staff we spoke with told us how they respected people's privacy and dignity. One staff member said, "We're sensitive when providing personal care and ensure doors are closed and dignity is maintained."

We observed staff supporting people in a dignified manner. For example, some people had diabetes and required support to check their blood levels. We observed that staff did this discreetly and sensitively. Where people required staff to use the mobile hoist to support them to transfer we saw a dignity blanket was used to protect their dignity. From the sample of people's care records we looked at, we found instructions and guidance to staff emphasised the importance of providing care in an anti-discriminatory manner where the person's dignity was upheld at all times.

Some people told us their independence was import to them and said how staff supported this. They told us how they assisted with jobs around the service. We observed a person cleaning some cups and mugs in the kitchen. They told us how they liked to help with jobs. Staff told us that people's independence was encouraged and respected. They gave an example of a person who liked to fold towels and tablecloths and other people who assisted with maintaining the garden.

The importance of confidentiality was understood and respected by staff. Confidential information was stored safety. We saw from staff meeting records that the registered manager reminded staff about confidentiality and that this must be adhered to at all times.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and this included making sure they had their needs met as required. One person told us, "Because of my condition the carers [staff] help me get dressed and on to wheelchair. They are good in transferring me and moving. I can go out, staff come with me."

Staff gave examples that showed they were aware of and supported people with their chosen routines and preferences. One staff member said, "We work well as a staff team and provide one to one care." Another said, "Some people prefer to stay in their rooms but this can change from day to day, we are flexible and support people's wishes."

From the sample of care records we looked at, we found pre-assessments had been completed prior to people moving into the service. Pre-assessments are important to ensure the service is able to meet people's individual needs. Assessments were used to develop plans of care that advised staff of what people's needs were and how to meet these needs. Plans of care were regularly reviewed to make sure they reflected the person's needs. We found information available for staff was informative and easy to follow. Where people had specific health conditions such as a particular type of dementia an information fact sheet was provided for staff. This supported staff to understand the condition and provide a responsive service. A document referred to as 'This is Me' developed by the Alzheimer's society, was used to record people's history and important information such as routines and things that could make a person anxious. This supported staff to provide a person centred approach to the care and support they provided.

We saw examples that person centred care was provided. This included people being supported to participate in community opportunities. Additionally, people's individual needs and preferences in relation to their religious and spiritual needs had been considered and met. For example, a person had been supported to attend a community day activity. Records demonstrated how the person had been involved in discussions and decisions about this activity. For another person they were supported to attend a weekly place of worship.

People told us that they had choices of how they liked to live their life and that staff respected this. One person told us how they preferred to remain in their room; however they said that staff always offered them the choice of using the communal rooms.

From the sample of care records we looked at people's routines and preferences had been assessed with regard to their preferred time to get up and go to bed. Additionally, how and when they wished to bathe. Some people's physical health needs had changed during the time they had lived at Ivy Leaf. This meant they were unable to use the bathing facilities available. We spoke with the registered manager about how they could accommodate people's needs as they increased. The day after our visit the registered manager sent us information to inform us that they had arranged for a contractor to assess the bathroom. This was to plan how it could be changed to be able to meet all people's needs.

People said that staff spent time with them and that they received opportunities to pursue their hobbies and interests. One person told us, "Oh they [staff] care about my past interests which they know about." Two people were keen gardeners before they moved into the service. They had both been encouraged and supported with this hobby and we saw they had grown vegetables and flowers in the garden.

From our observation of staff's interaction with people we found staff were aware of people's likes and dislikes. People were observed to participate in activities of their choice. For example, we saw staff supported a person to do some knitting, for another person a staff member sat with them looking through old photographs that belonged to the person. A person was given a baby doll that they appeared to get some comfort from (this is seen as good practice for some people living with dementia) and we observed another person playing music on a small electric organ. Staff told us how music was an important part of this person's earlier life.

Throughout the service we saw on display items of memorabilia, we asked people about some of the old photographs and what that meant for them. People responded positively and showed interest of their surroundings. Information to support people living with dementia such as what the day and date was and the food choices were also on display. We spoke with some people in their rooms and saw they had been personalised. Some

Good

Is the service responsive?

people had their own belongings and items of interest or hobbies such as craft items they had made on display. To support people living with dementia their room had a photograph of them and the doors were painted different colours to help the person be familiar with their room and orientate them.

People told us that they felt able to raise any issues or concerns if they had any. One person told us, "I know the manager by name and can complain to them if I wanted to and he had a cup of tea with me this morning." A relative said, "I know most of the staff and the manager and can talk with them freely if I have concerns."

We saw the provider had a complaints procedure that was effective in responding to any issues or concerns raised. This was on display for people, relatives and visitors. Complaints received were recorded with the action taken to respond and resolve the complaint. The provider had received one complaint since our last inspection. We saw what action the provider had taken to respond to the complaint. The complaint was investigated by the provider's quality assurance coordinator and completed in a timely manner.

Good

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of Regulation 10 of the

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were some shortfalls identified with the provider's quality and monitoring systems in place.

At this inspection we found action had been taken to improve the checks in place that monitored the quality and safety of the service.

We saw that spot checks were regularly completed by either the registered manager or deputy manager in a variety of areas. Additionally, the provider's quality assurance coordinator visited the service to compete audits and checks. This included, observational competency checks on the staff's performance with regard to moving and handling, assisting people with eating and drinking, the administration of medicines and staff handover. The deputy manager was in the process of reviewing people's care files and had made changes to some of the records used. We saw this was an improvement. Daily records completed on people by staff were detailed, up to date and reflected information in people's plans of care. The deputy manager regularly reviewed these records for quality, accuracy and to assess if action was required to support people with their needs.

Reviews were also arranged where the registered manager or deputy manager formally met with people and their relatives if appropriate, to discuss and review the care and support provided. Relatives confirmed they were kept informed of important information and invited to participate in review meetings.

A daily walk around by the deputy manager or registered manager was completed and recorded. This enabled them to assess daily how the service was provided and if action was required. Additional audits were in place that monitored the safety of the service. This included checks on equipment and the environment. On the day of our visit an external contractor was at the service to check the alarm system and check the extinguishers. The registered manager told us and records confirmed that they were planning to have a lift installed. This was to increase people's independence and safety.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

People we spoke with including relatives spoke positively about the leadership of the service. One person told us, "I know the manager and they talk with us." Another person said, "The manager always pops in to say hello. I dropped lucky." A relative said, "The managers are always around, they are approachable and supportive." Another relative told us the staff turnover was low and that this was a good sign that staff stayed.

Internal quality assurance feedback systems such as questionnaires or surveys were used to gain feedback about people's experience and opinions about the service. We saw an example of a relative questionnaire that had recently been sent and returned. The provider was waiting for further returns when they would analyse the findings and produce an action plan if required.

People had the opportunity to attend 'resident meetings' if they wished. These were held monthly and we saw from the last three meeting records dated 2015, people were individually asked for their comments about the service and care provided. People were asked about their food choices and we saw the menus included what people had asked for. There was also a discussion about the recent successful summer fete and plans for a Christmas fete were made. Additionally, people spoke about how they were feeling and what was important to them. We noted that the registered manager took these meetings as an opportunity to remind people of the complaint procedure.

Staff spoke positively about the support and leadership the registered manager and deputy manager gave. They described them as, 'approachable, supportive, brilliant, they get things done, will work alongside us.'

Staff had a clear understanding of the vision and values of the service. Additionally, they said they felt valued and able to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. One staff member said, "We provide a home from home approach. Where visitors are welcomed anytime of the day." Another said, "We encourage and promote independence, it's like a big family."

Staff meetings were held bi-monthly. We looked at the meeting records in 2015. The registered manager opened

Good

Is the service well-led?

the meetings by thanking staff for being present. Discussions about the standards of care the provider expected and the action required of how these were to be met. Including discussions about peoples' needs. Some staff had specific roles and were mentors for other staff. These were in areas for moving and handling, nutrition, dementia well-being, safeguarding and activities. In the meeting record dated August 2015 these staff reminded staff of good practice in relation to these subjects.

The provider had signed up to the Social Care Commitment with the Skills for Care. This meant they had made a promise to support its work force and had made a commitment to put care values into practice. This showed the provider strived to provide a service that was person centred and supportive to its staff.