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The Yews Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection visit took place on 12 December 2016 and was unannounced.

We last inspected this service in October 2015 and found the service to be compliant with the regulations.

The Yews Residential Care Home is a residential care service providing personal care for up to 27 older people, many of whom are living with dementia. The property is set in its own grounds in a quiet part of Alvaston, Derby. At the time of our visit, there were 21 people using the service.

The service has 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 using the service told us they felt safe and relatives felt their family members were safe. Staff understood their role in protecting people from potential harm and knew what to do if they had any concerns about the well-being of people. Potential risks to people had been assessed and were reviewed and updated to reflect people's current needs.

There were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing personal care. Staff were safely recruited to ensure they were suitable to work in the service.

There were processes in place to ensure people received the medicines prescribed for them in a safe manner.

Staff received training and support that provided them with the knowledge and skills they required in their roles. We observed staff were confident and skilful in their interactions with people and talked with people as they supported them and put them at their ease.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People had a choice as to what they ate and where. Where people had specific nutritional needs, these were assessed, monitored and reviewed on a regular basis in order to maintain their health.

We found the requirements to protect people under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been followed. Records showed that the service monitored and reviewed authorisation to ensure people were not unlawfully deprived of their freedom. Staff understood the needs for people to consent to their care and respected people right to decline care and treatment.

Staff were kind and compassionate to people using the service and supported them to maintain their

dignity and privacy. People and, where appropriate, relatives were involved in developing their care.

Staff were knowledgeable about the people they supported and provided care that was personalised. Care plans had been developed to focus on individuals and described their choices, decisions and preferences as to how they wanted their care to be provided. Care plans were reviewed regularly and in response to changes in people's needs and wishes.

Activities were available on a one-to-one and group basis. People and their relatives told us they could choose to participate in activities if they wished to.

There was a complaints procedure in place and people we spoke with felt confident their concerns would be listened to and acted upon.

People, their relatives and staff were afforded opportunities to be consulted and involved in the running of the service. The registered manager oversaw all aspects of the service. People and staff had confidence in both the registered manager and the provider.

The provider had systems in place to assess, monitor and improve the quality and safety of the service. This included audits, checks and regular surveys which gave people and their relatives the opportunity to comment on the quality of the service. The provider, registered manager and staff were committed to ensuring people were provided with quality care and we saw on-going improvements had been made as a result of this.

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 using the service were safe. Staff knew what to do if they had concerns about people's welfare. People had risk assessments in place and staff understood their role and responsibilities to minimise risks to people. People were supported to manage their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills and knowledge to look after them. Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions and choices. People were given sufficient to eat and drink and maintain a balanced diet. People were assisted to access health care services and maintain good health and well-being.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and got on well with people and their relatives. People and, where appropriate, were actively involved in planning and making decisions about their care. Staff treated people with dignity and respected their right to privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. Staff encouraged people to take part in one-to-one or group activities. People knew how to make a complaint and were confident that they would be listened to and action taken to resolve their concerns.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were provided with opportunities to be consulted and involved in how the service was run. The provider, registered manager and staff were committed to ensuring peopled had a good quality of life. Audits and checks were carried out to monitor the quality of the service and outcomes were used to bring about improvements and develop the service.

The Yews Residential Care Home

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 visit took place on 12 December 2016 and was unannounced.

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.

Before the inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR) and notifications. A PIR 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. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. During the inspection we spoke with five people using the service to gain their views about the service. We also spoke with three relatives and friends who were visiting people. We observed staff interactions with people in communal areas and observed the lunch-time meal service to enable us to understand people's experiences.

We also spent time speaking with the provider, a senior care worker and three care staff. We spoke with the registered manager by telephone as they were on leave on the day of our inspection visit. We looked at records relating to all aspects of the service, including care, three staff recruitment and training files and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the service. People's comments included, "I feel very safe. One person (staff member) is assigned as your helper and they get to know you. This helps me to feel safe," and "I feel very safe. There is always someone here, even through the night. They open the door at night especially if they haven't heard from you." One relative told us, "I am 100% certain that my family member is safe. They (staff) are always there when she's walking. The front door's always locked and we have to sign in. They (staff) meet her needs and talk to me about anything. If there's an incident they record it and let me know. She's prone to falls, that's why she's here. She's insecure and staff know that and they always walk with her. They do their upmost to keep her safe."

Staff understood their responsibilities to keep people safe and the importance of protecting people who might not be able to say if something was wrong. One staff member told us, "We can't stop accidents from happening but we can reduce risks and protect people as much as possible. If I have any concerns, I can go to seniors, the registered manager or the provider; they are all approachable. I know who to contact if I needed to report concerns outside of the service." Another staff member told us, "I always report and record any concerns and discuss with my managers."

Staff had undertaken training in protecting people from abuse and understood the signs of abuse and how to report any concerns they may have. The provider's safeguarding (protecting people from abuse) policy provided guidance for staff to follow if they had concerns about the welfare of any of the people using the service. Staff were supported to make concerns to relevant agencies outside of the service through the provider's whistleblowing policy. Records showed that when a safeguarding incident had occurred, staff took appropriate and swift action. Referrals were made to the local authority, ourselves and other relevant agencies. This helped to ensure people were protected from any potential risk of harm to keep them as safe as possible.

We looked at how risks were managed at the service. We saw that staff were aware of situations where people might be at risk and took proportionate action to keep them safe. For example, we saw that staff accompanied one person, who was at risk of falling,walk around the premises and ensured they were safely seated when they wanted a rest. Staff were quick to respond when a person appeared unstable after getting to their feet and made sure the person had regained their balance and had their walking aid before they left them to walk around the premises independently. Staff were able to describe how they had reduced the risk of someone leaving the service unaccompanied by reporting their concerns to the registered manager who had arranged for new alarms to be fitted to fire doors to reduce the risk. Staff explained that it was important to the person to be able to walk freely around the premises as included in their care plan. These were examples of staff managing risk in order to keep people safe.

Where people were at risk, assessments were in place so staff had the information they needed to help reduce the risk. For example, one person was assessed as being at risk of falling. The person's risk assessment explained why their mobility was reduced, what aids and adaptations the person required and the level of support the person needed from staff to maintain their mobility. This helped to ensure staff had

the information they needed to support the person safely.

The provider maintained records of accidents and incidents within the service that affected people's welfare. We saw whenever there was a trend in the reporting of accidents or incidents, this was identified and the registered manager noted action taken to reduce risks. For instance, one person had experienced a change in need which had resulted in an increase in incidents. We saw staff had completed detailed records for each incident which in turn were analysed by the registered manager. Records we saw showed the person had received the support they needed and incidents had triggered a review of the person's risk assessments which had been updated to reflect the change in need. This meant staff were able to identify and respond to any patterns in accidents and incidents and use information to prevent future harm to people.

People, their relatives and staff told us there were usually enough staff on to meet people's needs. One person told us, "You can call someone (staff) any time, they come within minutes. If you want help in the night, they're here really quick." Another person told us, "Sometimes they can be a bit pushed but that's if people (staff) let them down and they are short staffed. " A visitor told us, "'Yes there seems to be enough staff." A relative told us, "'In general yes, there's been the odd occasion when they've been short staffed, illness and that. There's been the odd time when they've been short staffed but not to the detriment of [family member's name] care, she might have to wait a bit longer." One staff member told us, "Sometimes staff will ring in sick at short notice. The registered manager and the provider are quick to respond and if they can't cover it through other staff, they will step in and work the shift with us so we are not short-staffed. It makes you want to do more because you see how much they are prepared to do for the service."

During our inspection we observed there were enough staff on duty to meet people's needs. Staff were busy but had time to attend to people and talk with them individually throughout the day. We looked at staffing rotas and saw that these were planned in advance and that staffing levels were maintained. The senior care worker explained that the registered manager had recently recruited a staff member who was responsible for planning and providing activities within the service. Care staff were supported by dedicated domestic and catering staff. This helped to ensure staff were deployed effectively within the service to meet people's needs and keep them safe.

The recruitment records we looked at demonstrated there were safe recruitment processes in place and these were followed for all staff appointments. We viewed recruitment files for three staff and saw checks had been undertaken before staff were considered suitable to work at the service. Checks included evidence of previous employment history, employment references, proof of identification and a check with the Disclosure and Barring Service (DBS). The DBS provides information for employers to enable them to make decisions as to the suitability of prospective staff. This showed the provider had taken the necessary steps to help ensure staff employed were suitable to work in the service.

We looked at the way medicines were managed in the service. Wherever possible, people were supported to manage their own medicines. One person told us, "I'm diabetic and they (staff) watch to make sure everything is okay but I do it myself." A relative felt that staff supported people to manage their medicines safely. They told us that their family member required frequent antibiotics to help them to manage their health condition. The relative told us that staff knew which anti-biotics the person could have and which ones had an adverse effect on their other prescribed medication. Staff worked with the person's GP and hospital to ensure they prescribed the correct antibiotics.

We observed people supported to take their medicines at lunch-time. Each person was given an explanation as to what was happening and what medicines they were taking. People were given time to take their

medicines. Where people were prescribed as and when required medicines, for example, pain relief, the staff member discreetly consulted the person if they felt they needed the medicine.

Medicines were stored safely and securely and only administered by staff who had been trained and assessed as being able to do this safely. Training records showed that staff were trained to a nationally recognised standard. The medicine administration records (MAR) we looked at had been completed accurately. Where people received their medicines in liquid form or required topical medicines, these were labelled with the date of opening to ensure medicines were not used after their recommended expiry date once opened.

Checks were in place to ensure the temperature of the storage areas remained within the range recommended range so that the condition of the medicines was maintained. Records confirmed that the temperature checks were undertaken on a daily basis. The service had received a visit from a pharmacist that supplied people with their medicines to check on the management of medicines in the service. The audit showed that the service was compliant in managing and administering medicines. Minor issues identified had been addressed by the registered manager in a timely manner. This meant that people could be confident that they received their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People, in the main, told us they felt staff had the skills and knowledge they needed to meet people's needs. One person told us, "The girls (staff) are very capable of doing their job." Another person felt that most staff were well trained although they got frustrated with one to two staff that didn't seem to know what they were doing. Another person told us, "Yes, they are very well trained." A relative told us, "They (staff) have training days and fire drill days. I've seen two." The senior staff member told us they had recently recruited staff and people were getting to know new staff who worked alongside experienced staff to get to know people using the service.

Staff who we spoke with said they had access to training which reflected the needs of people and was relevant to their own role. One staff member told us, "We get enough training when we start but this is on-going. I am working toward the Care Certificate and vocational qualifications as part of my development." Another staff member said, "We have enough training to be able to do our jobs well. It's the right balance, not too much so that you are overwhelmed with it." Staff training records that we looked at showed staff had undertaken a range of training that was essential to their roles in additional to training which would help staff to support people who were living with dementia.

We saw that new staff completed an induction programme for their role and recently recruited staff told us they felt well supported. One staff member told us,"My induction was a combination of practical training and learning about the job. It was good because I wasn't thrown in at the deep-end. I was able to follow and watch experienced staff as part of my induction so I got to be introduced to people and learn about how they liked to be helped. I also had time to read people's care plans to get to know about each person's needs." All staff had recently signed up to complete the Care Certificate training. This is a national qualification that supports care staff to develop the skills, knowledge and behaviours to provide quality care. This helped to ensure staff had the training and knowledge they needed to provide effective care.

Staff told us they felt supported by the management at the service and described an 'open-door' culture where they felt they could approach the manager or the provider for support and guidance. We saw there were arrangements in place for staff to receive regular supervision. Staff told us the supervision gave them an opportunity to discuss their own personal development and raise any aspect of their work that concerned them. One staff member told us, "I get the support I need. They (managers) look after my needs in my personal life as well as supporting me as a staff member. This means a lot to me." Another staff member said, "I have my one-to-one session but managers are always there to support you as well." This meant that staff had the support they needed to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans and assessments included their ability to make choices and decisions. Where they required support to make choices and decisions, this was clearly detailed in each person's mental capacity assessment and included the nature of the support and people to be involved, for example, relatives.

Staff had undertaken training in the MCA and DoLS and understood the importance of people consenting to their care. One staff member told us, "We acknowledge that people can have good days and bad days in terms of their well-being. For example, one person will accept care from a staff member one day but not on another day. We work with this and respect the person's right to decline care. We do things like provide a different staff member who the person responds to or go back at a different time. If the person declines care that they need, we would report this and review it with the manager." Another staff member told us, "Most people are able to give their verbal consent and this is in their care plans. I always ask before I do anything." This was reflected in care plans we looked at, where people had declined care and staff had made referrals to health and social care professionals in the person's best interests. This demonstrated staff were aware of their responsibilities to comply with the legislation.

Some people were subject to DoLS authorisations to restrict their liberty in their best interests. For example, requiring constant supervision to leave the service.These had been assessed through best interest assessments following referrals to the local DoLS teams. The service had in place a system to record and monitor the authorisations to ensure they were renewed as necessary. This helped to ensure that people were not subject to unlawful restrictions.

We carried out an observation at lunchtime to understand people's mealtime experiences. People spoke positively about their meals. One person told us, "The food is very good. You can please yourself, I normally eat in my room for breakfast and then go down for lunch. Last night I didn't feel like eating so I had soup. "Another person said, "Yes, the food is very good and there's always plenty of choice. If you don't see anything you like they'll make something you do like." A relative told us, "My [name of family member] has said, since she's come in here, that she likes the food. They know the food that she doesn't like and try to sort it. She enjoys her food."

We saw people could choose to eat where they wished to. People were supported to choose their lunch meal after their breakfast and this was supported by menus available on each table. Each table was set with placements and cutlery and a choice of cold drinks. Meals were served promptly and people were able to take their time to eat. Staff were quick to respond if people required further assistance with their meals, such as a change in cutlery, or if people were not eating their meals. For example, we saw one person had not touched their meal. We observed a staff member sit with the person to assess if they were well and discuss an alternative, lighter option which the person preferred. The person was able to choose a lighter meal and we saw they were happy that staff had supported them with this.

People and relatives confirmed they had a choice of drinks and snacks throughout the day and night. One person told us, "They (staff) bring me a cup of tea regularly, in the morning, after lunch, another one after tea and one at bedtime. Then I've got my jug of juice, they encourage you to drink." We observed that people were supported to have a choice of hot and cold drinks and light snacks throughout our inspection. These arrangements helped to ensure people that people had access to food and drinks throughout the day.

Care records we looked at showed that people's nutritional and hydration needs were assessed when they

began using the service. Care plans provided information for staff such as people's likes and dislikes, how food choices were made and the level of assistance required at meal times. People who needed specialist support with their eating and drinking, for instance due to the risk of weight loss or choking, were referred to the dietician or the SALT(speech and language therapy) team through their GP.

People and their relatives felt that staff were effective in supporting people to manage their health needs. One person told us, "Staff were quick to notice changes in my legs and chest and called a doctor out. I am having treatment to treat the infection." A relative told us, "They (staff) meet [name of family member] needs. She had a cold last week and they got the doctor in to check her chest, she's had pneumonia."

People's healthcare needs were assessed when they came to the service. Care records showed people had access to a range of healthcare professionals. If staff were concerned about a person's health they discussed it with them and their relatives and, where appropriate, made a referral to a relevant health professional. For example, where one person was recorded as experiencing pain and coughing, staff had been quick to contact the GP who then visited the person and prescribed suitable treatment. This meant that people received the support they needed to maintain their health and well-being.

Good

Is the service caring?

Our findings

During our inspection we observed that staff and people got on well together. The atmosphere in the service was warm and friendly and people appeared relaxed and at home. One person told us, "I had cause to go into hospital and they (staff) were very concerned and made a fuss of me when I came back. I felt like one of the family." A relative said, "Each resident has their own specific carer and they have a special bond and they will do things like getting cards for [family member]. They (staff) are all caring, they all give them (people) love." A visitor told us, "Staff seem very caring, they're always around. They all seem friendly and they always welcome you." We observed the person who was being visited was supported to the lounge by a staff member. The staff member was attentive, talking and smiling with the person as they supported them. The visitor commented to us, "That is normal, it's not put on because you're here, you see that all the time. You can see how attentive they are, they're always around. They're quite happy, staff are always joking."

Staff told us how much they liked working with people using the service. One staff member said, "I love my job. I get a lot out of knowing I have helped someone feel good." Another staff member told us, "I like working here. Everyone is very welcoming and it really feels like home."

We observed staff supporting people in the way they wanted. For example, one person liked to walk around the service but could be unsteady on their feet. One staff member accompanied the person whilst they were walking, chatting with the person is a reassuring way whilst not taking away their independence in being mobile.

Staff told us they got to know people by being introduced to them and spending time with them, talking with their relatives and friends, and reading their care plans. Each person was provided with a keyworker. This was a member of staff who was responsible for co-ordinating the person's day-to-day care needs, making sure the person had everything they needed and liaising with family members. The name of people's keyworker together with their photograph was available in each person's bedroom. People and their relatives spoke positively about the relationship between people and their keyworkers and felt that keyworkers were invaluable in building trust and confidence for people and to enable effective information sharing with relatives and professionals. One person told us, "My husband is in care now and staff know about that. We've talked about my life before, my keyworker talks to me about it." The person went on to describe how it was important that staff understood her family relationships and could support her through a difficult time.

People's care records we looked at showed how they wished to be cared for. Their individual choices, preferences and decisions about their care were recorded and used to inform their care. People and their relatives confirmed they were involved in making decisions about their care. One relative told us, "We are involved in [name of family member's] care, quite regularly. Staff come up with the plans and I have sheets to go through and I sign them or comment. Nine times out of ten I agree but if there's something I go to the manager and say I'm not quite happy with this. We discuss it and sort it out. It's very good."

We looked at how staff ensured people's privacy and dignity was respected and promoted. We saw that staff

had created a dignity tree in the lounge area and people had been supported to put comments on the tree as to what was important to them. Comments included, "Take time to listen to me, not to be rushed," and "Treat people how you would like to be treated."

We observed that staff always knocked on people's bedrooms doors and waited for a response before they went in. Staff were always polite and kind when they spoke with people and discreet when people needed assistance with their personal care. All the people we met with were wearing clean clothes that were appropriate for the weather. This contributed to their dignity.

Entries in daily notes were, in the main written in a respectful manner. We saw two recorded entries were not respectful towards people. We raised this with the senior care worker and the provider who told us they would review daily notes with staff to ensure all entries were respectful.

Good

Is the service responsive?

Our findings

Records showed that people received personalised care that met their needs. They had an assessment prior to admission and this formed the basis of their care plans. Those we looked at were individual to the people using the service and focussed on their strengths and preferences. Care plans also included information about people's health and social care needs, likes and dislikes, abilities and cultural needs. People's preferences with regard to their lifestyles were included. For example, one person's care plan included that they liked their own company and preferred to spend time in their room. The person's relative told us that staff respected this preference whilst, with the person's agreement, also supporting them to access communal areas for short times to reduce the risk of social isolation. This information helped staff to provide care in the way people wanted it.

People's care plans were reviewed regularly or in response to changes in the person's needs or wishes. People and their relatives told us they had been involved in the review of their care. One person told us, "I am very much involved. It's just like your own family, staff respect your decisions and what you want." A relative told us, "I see staff most days and get regular updates and information. I sign papers to confirm I am happy with the care plan and any changes." We saw that one person's care plan had been updated to include that they liked to get changed for the night before they had their tea. This was as a result of staff observations that the person became distressed at tea-time. Another person's care plan had been updated to reflect a change in their health condition and provided guidance for staff on supporting the person to manage their health needs on a daily basis. This showed that staff were responsive to changes in people's needs and wishes.

People and their relatives told us there were activities available to join in with if people wished. One person told us, "They (staff) took us out for a meal on the 1st of December and then, a couple of days later they invited relatives to come here for a meal and it was very nice. Sometimes we have people come to us and sing. Sometimes we play Bingo. We have games." A relative told us, "They have got an entertainment lady now, she's very good. She gives mum a bigger bingo board which she needs for her eyesight." Another relative said, "We had a pantomime here, it was lovely. They have singers. This new lady, the activity co-ordinator, is lovely, she does her best. Sometimes it's hard to engage some people but she does lots. I came this morning and she was playing cards, they were making Christmas cards and I joined in. My family member goes back when she's had enough, there's no pressure."

Staff supported people to take part in a choice of one-to-one or group activities. People were encouraged to choose their own activities either as a group or on an individual basis, depending on their preferences. We saw staff engaged with people to discuss current affairs. People were provided with daily newspapers and those that required support to read were supported by staff. The service had appointed a member of staff who co-ordinated activities for people. We saw them support two people to play dominoes. Both people were happy to participate in the session which was also used to reminisce about their previous social interests. During the afternoon, people were supported to play bingo. People were provided with large print bingo cards or staff supported them if required. We observed people responded positively to the activity, either as participants or as observers. This showed that people were supported to engage with activities of

their choice to reduce the risk of social isolation and boredom.

The provider's complaints policy advised people what to do if they were unhappy about any aspect of the service. It included details for the local authority but did not include contact details for the local government ombudsman in case a person wanted to take their complaint outside of the service. We discussed this with the provider who told us they would update the policy to include this information.

People and their relatives told us they felt confident to make a complaint but had no need to do so. People's comments included, "If I've got any minor complaints I'd go to the manager, she's a very nice person, you can talk to her." and, "I have no complaints. If we have any complaints we only have to tell [name of provider] and he deals with it" and, "She [the registered manager] is very approachable. She's like one of the family." A relative told us they had taken minor concerns to the registered manager who had responded quickly to resolve their concerns to their satisfaction. This showed that people and their relatives felt able to raise concerns and were confident that they would be listened to and action taken to resolve their concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy at The Yews and considered it to be a well-run service. One person said, "Some care homes aren't as good as this one (in relation to the management of the service)." Another person told us, "We're really spoiled actually." A relative told us, "We knew this care home prior to [name of family member] coming and we came here on a recommendation. We knew what to look for. I have a very good relationship with the management. I speak to the owner every week and he always puts a personalised note on the receipt each month when we pay the bill." Another relative told us, "It's a good, happy place and we're very happy with everything that goes on here."

People, their relatives and staff were provided with opportunities to share their views about the service and be involved in changes and decisions. The provider conducted regular satisfaction surveys which gave people using the service, relatives and other stakeholders the opportunity to comment on how well it was running. There were regular resident meetings which enabled people to feedback on a range of areas, such as meals and staffing. One person told us, "They (staff) have residents meetings, it depends what's going on. They also have relatives and resident meetings. It's all in the open." A relative told us, "There are questionnaires that come up at intervals. They are acted upon, there are little things that have been changed, they're proactive."

Staff described an open-door culture and described how they felt valued by the registered manager and the provider as staff members and individuals. They were able to provide many examples of how they had been supported in both their personal and professional lives. This showed that the registered manager and provider understood the importance of supporting staff to achieve a work-life balance that enabled them to commit to the service in the longer-term. Staff told us they felt involved and consulted about the development of the service. We looked at the minutes of staff meetings for October 2016 and saw that staff were supported to discuss where improvements were needed in working practices and how these were to be achieved.

The registered manager was actively involved in the day-to-day running of the service. On the day of our inspection she was on leave but contacted us by telephone to ensure we had the information we needed. She was supported by a senior care worker who was deputising in the registered manager's absence and had worked at the service for many years. The registered provider was on-site most days and actively involved with the running of the service. This meant that staff had the management support and guidance they needed to provide quality care.

The provider was aware of their legal responsibilities. They and the registered manager had submitted notifications about serious incidents and events within the service in a timely way. This ensured the relevant agencies were notified to keep people safe.

The provider was able to discuss their plans for improving the service in relation to the premises which they had included in their provider information return. This included a substantial extension and re-design of part of the existing building. The provider was aware that areas of the premises were not effective in

supporting people living with dementia. People, relatives and staff had been involved and consulted about plans which were clearly displayed in the reception area for visitors to view and comment upon. Staff were able to discuss proposals for other improvements, including more pictorial information for people who used the service and development in person centred planning. This showed that the provider was open, transparent and committed to continuous improvement in order to provide high quality care.

The provider had a system in place to assess, monitor and improve the quality and safety of the service. These included regular checks and audits on records and systems and monitoring and evaluation of accidents and incidents within the service. The registered manager and senior care workers also undertook spot checks on staff working practices and areas such as catering and housekeeping to ensure high standards were achieved and maintained.

We saw that the registered manager used outcome of audits to bring about improvements. For instance, audits on medicine records had identified that some staff had not signed records to confirm people had received their medicines. The registered manager had introduced further daily auditing to ensure staff signed records promptly. Outcomes of audits and checks were shared with the provider who provided support and guidance to the registered manager. These systems helped to ensure that both the provider and the registered manager had the information they needed to ensure the service was running well and people were receiving the care they needed.

We spoke with local authority commissioners who are responsible for funding some of the people using the service. They told us they had recently undertaken a quality assurance visit and found the service to be very welcoming and had no concerns about the service or the care that people received.