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# The Downes Residential Care Home

## Inspection report

The Downes Residential Care Home  
Foundry Hill  
Hayle  
Cornwall  
TR27 4HW

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection visit took place on 09 May 2017 and was unannounced.

The Downes is a care home for up to 17 people, some living with dementia and a learning disability. The service is set in the heart of Hayle close to the towns of Redruth and Camborne. The service is close to local amenities and a transport network. The service is a historic grade 2 listed property set over two floors. It has been adapted to accommodate people who may require specific aids and adaptations for their health and wellbeing. There are extensive grounds surrounding the property which are not overlooked. At the time of the inspection visit there were 17 people living at the service.

At the last inspection in October 2014 the service was rated overall 'Good'. At this inspection the service remains overall good but requires improvement in Safe.

Recruitment procedures were in place and being followed. However they were not always robust in recording decisions regarding the level of risk where a disclosure of information was made. The registered provider and registered manager verbally recognised the need for a monitoring programme when employing someone about who concerns had been raised. However, there were no records to demonstrate what strategy was being used to help ensure people's safety. We have made a recommendation to ensure that when employing somebody where there may be potential risk this is documented.

There were systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff understood how to safeguard people and keep them safe.

There were enough staff to help ensure people's health and social needs were met. Staff were effectively deployed across the service and people's needs were met in a timely manner. Staff were friendly and compassionate in their approach to people. People commented; "Carers are all very good here, no complaints," and "I can talk to them (staff) and they meet my care needs, yes."

Risk assessments were in place with information to guide staff on how to protect people from any identified risk. Where we identified a window without a restrictor the registered manager agreed to address it immediately. There were no risk assessments in place where mobile heaters were in people's rooms to provide additional heating if requested. Following discussion about the potential hazards and risks the registered manager immediately put individual risk assessments in place to ensure personal safety was being monitored.

We observed staff supporting people in a safe way when they were helping to move them from their chair to a wheelchair. People's assessments were reviewed and updated regularly to help ensure they reflected their changing needs.

People told us they received their medicines as prescribed. The system for storing medicines was safe. There

were suitable storage systems for keeping medicines safe and secure. Only staff with responsibility for medicine administration had access to medicines. It was clear from the medicine records that people received them as prescribed. Regular medicines audits were taking place to identify if any errors occurred.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to be involved in and make decisions about their daily lives. People chose where they spent their time, when they got up and when they went to bed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Care plans were well organised and contained information covering all aspects of people's health and social care needs. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate and when available, relatives were included in the reviews. A family member told us, "The care is very, very good; everything is going ok with the care plan; the staff contact me when there are any issues with my relative's health and keep me involved; I'm happy with the process."

People were able to take part in a range of activities of their choice. This included games to support people with memory loss. A skittles set designed specifically for people with hand or co-ordination issues and was providing a lot of interest. In addition, entertainers visited the service on a regular basis. Where people wanted to stay in their rooms this was respected by staff.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held to share information and encourage staff to make suggestions regarding the running of the service. Training courses had recently been reviewed to ensure staff had the knowledge and skills to carry out their roles.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were generally positive about the quality of meals provided. One person said, "I must say the food is always to my liking."

We found people had access to healthcare professionals and their healthcare needs were met.

There were a variety of methods in use to assess and monitor the quality of the service. These included satisfaction surveys for people using the service and their relatives. Overall satisfaction with the service was seen to be positive and results of the most recent survey were available for people to view at various entry points to the service.

People using the service described the management of the service as open and approachable and thought people received a good service. Comments included, "Its run in a way which is homely" and "Always made to feel as if it's my home".

Equipment and supply services including electricity, fire systems and gas were being 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?

The service was not always safe. Where risks had been identified in relation to the suitability of staff, these had not been adequately managed to ensure people's safety. There were no records in place to demonstrate how risk was being managed when concerns about a new employee had been raised.

Staff had received training in how to recognise and report the signs of abuse.

The management and administration of medicines were safe.

**Requires Improvement** ●

### Is the service effective?

The service remains good.

**Good** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

The service remains good.

**Good** ●

### Is the service well-led?

The service remains good.

**Good** ●

# The Downes 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 unannounced inspection took place on 09 May 2017. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We used the Short Observational Framework Inspection (SOFI) during the morning and over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not speak with us.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people who were able to express their views about living at The Downes care home and one visiting relative. We spoke with a visiting health professional during the inspection visit. Prior to the inspection visit we spoke with the local quality assurance team about the service.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service. We looked at three records relating to staff

recruitment, staff duty rosters, staff training records and records relating to the running of the service.

## Is the service safe?

### Our findings

Staff had completed a recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained the relevant recruitment checks to be made before staff were employed to work in a care environment. However, where a disclosure had been made to the registered manager there was no evidence in place to show how this had been monitored to ensure people were safe. Discussion with the registered manager demonstrated they had closely monitored the situation and informed relevant staff. The person had been regularly supervised. The registered manager was aware that records should have been put in place and agreed to put systems in place to record decision making and assess risk in future.

It is recommended the service has in place a judgement tool to enable making a judgement about the suitability of an applicant. This tool should take into account of the nature of the appointment, the nature of an offence and any other circumstances which may be pertinent to the safety and welfare of people using the service.

Window restrictors were in place on all windows except one. When the registered manager was alerted to this they agreed to take immediate action. Mobile heaters were in some rooms. While the rooms were centrally heated the registered manager told us some people liked additional heating in the colder months. One resident said "You can't control the heat in the bedroom, the radiators go on and off at set times; they'll give me an extra blanket if I'm cold; there's a small plug in heater, but you could sit on that when it's on and it wouldn't hurt you." We discussed the potential risk to people regarding hot surfaces and trailing wires from these mobile heaters. The registered manager recognised the need to carry out individual risk assessments to ensure people were safe or that mobile heaters were suitable for the person if used. Risk assessments were immediately put in place by the registered manager to manage this. This demonstrated the registered manager took action to ensure people were safe.

People told us they felt safe living The Downes care home and were confident of the staff that supported them. People said, "Yes, no problems, I have no complaints" and "I've been here for some years and I enjoy it – they are the best." The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "I love working here. We work well as a team. We have time to spend with residents and are encouraged to do so much more with them."

People and relatives told us there were enough staff to help ensure people's needs were met. During the inspection people's requests for assistance were met quickly. When a call bell was rung it was responded to quickly. Rotas showed there was a skills mix of staff on each shift. Care staff were supported by the registered manager. The previous two week rota showed the staffing levels identified as necessary for the service were routinely met. One person told us, "Well yes, I suppose. They're busy people; if you call for them they come quite quickly". Also, "The carers always say not to worry about calling for them, because that's what they are here for."

Care files included appropriate individual risk assessments in areas such as falls, moving and handling, medicines, weight loss, nutritional needs, continence care and skin integrity. These provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, there were plans in place to support them with eating and drinking. In another example, where people were at risk of falls there were records confirming staff had been monitoring their safety on a regular basis.

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. Staff were confident to report any concerns relating to people's safety. During the inspection we observed staff using safe moving and handling practices to support people to transfer. People were provided with appropriate equipment to help to keep them safe, such as walking frames, pressure relieving equipment and hoists.

Incidents and accidents were recorded in the service. The records of these showed that appropriate action had been taken and where necessary to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. The five recorded incidents in the previous month had been minor events.

Medicines were being managed safely. We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. The medicine administration records for two people were checked following the morning medicine round. Records showed medicines had been signed for at the time of administration. We checked this against individual cassette packs which confirmed all administered medication could be accounted for. This meant people had received their medicines as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures so they would identify any errors or omissions. People told us, "The staff bring the medication and they stay with you until you have taken it" and "Certain staff are trained to give it to us and at the same time each day".

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

The first floor was served by a stair lift. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

## Is the service effective?

### Our findings

People and relatives were confident in the competency of the staff supporting them. People told us, "I'm better than when I came here; they're beautiful, no complaints about nobody". The relative of one of the residents said, "The care is very, very good; everything is going ok with the care plan; the staff contact me when there are any issues with my relative's health and keep me involved; I'm happy with the process". Records demonstrated staff received a range of training relevant to their role. Staff described training as, "Very good and we are always kept up to date." Staff told us they felt the training they received supported them in their roles. One staff member said, "We get extra training where residents need that extra support." We evidenced this where staff had received training to support a person who had a clinical feed system in place. Also, training specific to meet the needs of people with learning disabilities. A staff member told us, "The Autistic training was so helpful to me so I have a much more in-depth understanding of Autism."

People told us that staff respected their rights to make their own decisions. Where possible people had been involved with planning their care and making decisions about how it should be delivered. Some records showed relatives had been involved in this. Where possible, people had given written and verbal consent to their care and support.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and their choice of food. Some people made their own choices about whether to stay in their rooms use the lounge areas or both. There were no restrictions on how people chose to spend their time. We observed people using all areas of the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible. The policies' and systems in the service supported this practice.

The registered manager understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection

People had access to a range of healthcare professionals including doctors', district nurses, dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "We have a really good relationship with all the health professionals". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. A relative said, "Everything is going ok with the care plan. If the home have any issues with health, they ring me and discuss it. At Christmas my relative was ill; the staff discussed the care plan with me and adjusted it with my involvement. I am happy with the process." A visiting health professional told us the

service worked well with them and acted on any issues or instructions. They said they felt staff were competent in their roles.

Staff told us they received regular support and supervision and had access to managers or senior staff if they needed additional support in a less formal way. Staff told us, "I feel very supported by the manager and other senior staff" and "My induction and initial training was very good as I was new to this type of work." Staff training needs were discussed with individual staff and reflected training which supported them in their roles.

New staff without previous care experience completed the care certificate. The care certificate is a training scheme for staff in social care which it is recommended that all staff new to care complete. New staff also had a local induction to the service which included introducing them to preferred ways of working. New staff undertook a period of shadowing so they understood about people and their individual needs.

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and what they would like to spend their time doing at various times of the day. People's bedrooms were personalised with items including furniture, pictures and ornaments which helped the service to have a familiar homely feel for people who lived there.

Some areas of the service had damaged paintwork due to use of equipment. One room smelt 'musty'. The registered manager was aware of the need to continually update the home and keep it well maintained. Some rooms had been refurbished and this was ongoing. People said, "It makes a difference for us people in here to have it comfy and clean"; "Having pictures that you own on the walls, makes it feel like a piece of home".

There were extensive grounds around the service. However, people who required the use of mobility aids were restricted from using the paths due to the gravel surface. The registered manager agreed people would enjoy the grounds more if they could access them but that due to the 'listed' status it was not possible to change the pathways. One large grassed area was accessible and used by people during summer months.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. The meal system was delivered frozen and prepared from an outside supplier. Most people said that they were happy with the food and that they had a choice of what they wanted to eat, when and where they ate it and that snacks and drinks were available outside of mealtimes. A resident said, "Sometimes yes, sometimes not, you know what it's like". Another person had expressed their dislike of the meals and this had been recognised by the registered manager with as many choices as possible offered to them.

Lunch time was observed in the dining room. This was a bright and cheerful room, with a good atmosphere, and music playing in the background. There were three carers available who were observed making residents laugh. There were eight people in the dining room for lunch. Others had chosen to eat their meal in their rooms; while some people were out for the day.

Where necessary staff were supporting people with their meals. We observed carers being attentive, encouraging, engaging, compassionate and patient. For example saying, "Are you ok there? Do you want any help?" One person was observed thanking a carer for their assistance. A carer noticed a resident's tea had gone cold and immediately offered a fresh cup. The lunch smelt pleasant and looked appetising. People appeared to enjoy the mealtime interaction and some of the them intermittently laughed with the carers.

Where a person was observed leaving some of their lunch a carer asked, "Are you ok? You've not eaten all of

your meal? The person replied "I've got a cold". The resident was offered pudding, but he declined. This showed staff were attentive and focused on ensuring people had the right level of nutrition to keep well.

# Is the service caring?

## Our findings

People told us they were generally happy living at The Downes care home. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. People said, "Carers are all very good here, no complaints," "I can talk to them and they meet my care needs, yes" and "Happy to an extent, but have 'off' days. Sometimes there are little things they don't do that I think they should, like they bring in a jug of water, but don't ask you if you would like some and pour it out for you." On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner.

We observed carers interacting with the residents in their bedrooms, lounges and dining areas, in a polite, respectful, compassionate, attentive, considerate and patient manner. When carers went to a person's bedroom, they knocked on the door before entering. We witnessed a carer on three occasions administering medicines to people. The carer gave the person time to take the medicine and was interactive and cheerful throughout saying to one person, "Are you warm enough up here, do you want the window open?" This indicated that staff understood how to support people in a kind, patient and caring way.

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, one person became upset about another person not answering them. A staff member sat with the person to explain the other person was not able to communicate in a way they understood. This allayed the person's anxiety and they began interacting with another person. This showed staff understood how to support people in a kind and caring manner. People moved freely around the service without restriction. Staff were available to support people when they needed it. For example throughout the morning period a staff were frequently moving between areas of the service and took time to speak with people and sit down with them. A staff member said, "We make the time to sit down with residents and have a chat with them. It's a very important part of caring."

Staff were respectful where people wanted to be provided with personal care by a carer of the same gender. People told us, "I don't mind male or female carers helping me, they are all very good," "In the day I don't mind, but when I go to bed I always have a female carer, sometimes two, depending what I need" and "I have choice. Either one is ok, male or female."

Staff were respectful and protected people's privacy and dignity. For example when people were being supported to move around the service staff spoke with people in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. Staff knocked on people's doors and waiting to be invited in before they entered. People's bedroom doors were closed when care was being delivered. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

Some people used the lounges and dining room and other's chose to spend time in their own rooms. One

person told us, "I like to be in my own space but I will go into the lounge for some meals and if there is something going on, but I enjoy (?) my own company most of the time. I do go down when I want to join in things that are going on".

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "We are always made to feel welcome and feel comfortable to visit at any time, there are no restrictions" and "We are told of everything that's going on and have been to parties and events here".

## Is the service responsive?

### Our findings

People told us they felt their needs were being well met at The Downes. People told us, "I have no complaints, they (staff) need praising up. They deserve nice, kind words they do," "I'm aware of my care plan, yes" and "The manager contacts my relative and discusses my needs." A relative told us, "Everything is going ok with the care plan. If the home has any issues with health, they ring me and discuss it". A visiting healthcare professional did not have any concerns about The Downes and confirmed the staff responded appropriately when necessary and followed advice given to them.

People had their needs assessed prior to moving in. This helped ensure the service was able to meet people's needs and expectations. The registered manager and deputy manager were knowledgeable about the level of support people required. Their decisions about any new admissions were made by balancing the needs of any new person with the needs of the people already living at The Downes.

The service used an interactive Information Technology System to record and report on all aspects of care needs. Staff had individual electronic tablets to record any interventions. Observation of the system demonstrated staff were familiar with the system. A staff member told us, "It's a very good system because we record things at the time of the event rather than waiting to write it up at the end of the shift, when we might forget something." The registered manager showed us how they were alerted when care had not been provided as required. This meant the service was responding to people's needs when they needed the support.

Everyone had a care plan in place. The care plans covered people's care needs as well as their social support needs and wishes. Examples of records completed regularly included daily notes and repositioning charts. Care plans were subject to regular review in line with people's individual needs and were audited to establish whether the information was up to date and reflective of the person's changing needs. Reviews to check that the care plan was still accurate took place. This was important to make sure important information about the person that might have impacted upon the rest of the care plan, remained up to date.

Risks were being responded to and there were measures in place to minimise risk. For example, where additional support was put in place to support a person with swallowing problems. A health professional was visiting the service and told us, the registered manager and staff were 'very aware' of the potential risk to the person. They said, "All the staff are good at acting on our advice and they keep us informed of any changes. We have a good relationship with this home." Reviews were held monthly or where required should there be a change of risk level. For example one person's health needs had recently changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed.

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how people spent their time. It also recorded significant events for example, appointments. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This supported staff to have relevant and meaningful conversations with people according to their interests and backgrounds. People were supported to maintain contact with friends and family.

Activities were taking place in a way which was responsive to the needs and choices of people. An activities coordinator worked on Monday, Wednesday and Friday, when skittles, basketball, hangman and quizzes were available. Sing-a-long sessions to CDs also took place, as well as making things for various celebrations including Christmas and Easter. The activities coordinator had also set up a 'Postcard Exchange' with care homes from around the world. These were on a notice board in the dining area where worldwide postcards had been displayed. In respect of activities one person said, "Activities make a nice break. If the activity lady has time, she'll ask if we want to go for a drive. I went to Marazion and we took a flask of tea and chatted, it was quite nice" and "I don't have anything to do with the activities; I know of them. If you want to go out anywhere they'll take you. In summer you can sit outside". Some chose to stay in their rooms. People told us, "I like to stay in my room. It's private and I can watch TV or listen to the radio."

Some people living at The Downes were living with dementia or limited memory and their ability to make daily decisions could vary. Staff had a good understanding of people's needs and used this knowledge to help people to make their own decisions about their daily lives wherever possible. For example, one person liked to stay in their room and did not want to be involved in activities. Staff respected this but always gave them the choice. Another person liked to listen to the radio when they were in their room so staff made sure it was on for them.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were displayed at the service. People told us they would speak with the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service. They said, "I have no complaints, they (staff) need praising up. They deserve nice, kind words they do."

## Is the service well-led?

### Our findings

The service had 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.

There were clear lines of accountability and responsibility within the service. The registered manager was actively involved in the day to day operation of The Downes. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility. Comments received from staff members, relatives and people who lived at the service were positive about the registered manager's organisation and leadership. People told us they had no issues or worries about how the service was run. For example a person using the service said, "I have nothing but praise for the manager and the staff. They all know what's going on and what needs to be done. Very well organised". Staff said, "Good teamwork. We all know what's expected of us" and "Most of us have worked here for a long time and I think we are valued."

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included regular individual or group discussions with people living at the service. The most recent professional and stakeholder's survey took place in September 2016. The results showed professionals thought the service's quality of care was very good. People were safe and protected and there was confidence in the way the service was being managed.

Throughout the inspection visit people regularly entered the main office and this was encouraged by the registered manager. They told us, "The door is always open and people are welcome." This was seen to be the case.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. For example, night staff had raised concerns that the handover time was not adequate and they were missing information that had occurred during the day. Action was taken to ensure all night staff had information uploaded onto the electronic devices, handover notes and the white board. This showed the service was ensuring staff concerns were being addressed.

Meetings provided an opportunity for staff to voice their opinions or concerns regarding any changes. It was also used to inform staff of any legislative changes. Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. They felt confident the registered manager and deputy manager respected and acted on their views. Comments included, "If we (staff) are not sure about anything the manager is always there to ask or senior staff."

The registered manager worked alongside staff to monitor the quality of the care provided by staff members. The registered manager told us that if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted

with people.

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "This is a home from home service and that's what people like about it". This was supported by people we spoke with throughout the inspection visit.

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures.