Brooks Healthcare (Weston) Limited

Innisfree Residential Home

Inspection report

12-16 Severn Road
Weston Super Mare
Somerset
BS23 1DN

Tel: 01934621611
Website: www.innisfreeresidentialhome.com

Date of inspection visit:
05 January 2017
06 January 2017

Date of publication:
08 March 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The unannounced inspection took place on 5 and 6 January 2017. A previous inspection on September 2014 found the standards we looked at were met.

Innisfree Residential Home is registered to provide accommodation and personal care for up to a maximum of 28 people. The service specialises in the care of older people living with dementia. There were 23 people using the service at the time of the inspection.

Innisfree Residential Home 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.

The registered manager ran the service with passion and commitment, in close partnership with the registered provider. There were many examples of how their understanding of the needs of people living with dementia had improved those individual's lives. People lived in a homely, friendly and caring environment, which had adaptations which helped maintain their independence. The quality of the service was closely monitored, with the registered manager fully informed of how staff provided people's care and support.

People benefitted from a staff team which were well trained. However, they were not adequately trained in the complications of one health care condition, which had the potential to put people at risk. The registered manager arranged the training immediately.

Staff felt supported in their work and said they could take any question or concern to the registered manager. The service was actively recruiting new staff. People had no concerns around staffing numbers. Staff felt they could meet the needs of people using the service in a timely manner and we found people's needs were being met.

Staff had a good understanding of how to protect people from abuse and protect their legal rights. People received their medicines as prescribed.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service had sought appropriate advice and was meeting people's legal rights in relation to MCA and DoLS.

People received a balanced, nutritious diet and commented about the food positively. People said they had a choice of meals and there was food and drinks available at all times. Staff ensured people who were on

specialist diets had their needs met. Where they had concerns about people's dietary intake they took action and involved health professionals.

The service worked in partnership with health care professionals to meet people's health care needs. Health care professionals said they were contacted appropriately.

People's views were sought through day to day conversation with staff and observation, resident meetings, care plan reviews and a yearly survey of opinion. Where a need for improvement was identified an action plan was produced, with timescales for the improvement.

People had a wide variety of activities available to them. These included entertainment, outings, arts and crafts, helping with domestic and gardening chores and quizzes and puzzles. Staff had developed good relationships with people. The layout of the home offered different options for people, such as a cosy sitting room or the conservatory for arts and crafts. There were examples of how staff knowledge and empathy had enriched and improved people's lives, such as removing well established fears and providing support following bereavement.

The registered manager's commitment to the care of people living with dementia had extended to family and the local community. This had included training opportunities for people's family members in how dementia affected their loves ones. Also, helping to improve facilities and services within the community for people living with dementia.

People's needs were assessed in detail. Their care was planned in detail, with their involvement. Care plans and records were easily accessible and used by care workers toward providing person centred care of a high standard.

Complaints were investigated in detail and people fully informed of the findings. There had been only one complaint in 2016.

The provider was meeting their regulatory responsibilities, for example, by keeping the CQC updated so that the service can be monitored.

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 were protected through robust staff recruitment.

Staff understood how to protect people from abuse.

The provider had systems in place to ensure that medicines were handled in a safe way.

There were sufficient numbers of staff deployed to meet people's care and
support needs.

Safety within the premises was under regular review with plans in place for upgrading.

Is the service effective?

Requires Improvement

The service was effective but this could be improved.

Staff lacked knowledge in the complications of one health care condition, which had the potential to put people with that condition at risk.

Staff received regular training and updates in all aspects of health and safety and were well supported through supervision of their work.

People's legal rights were very well understood and upheld.

People's health care needs were met through contact with external health care professionals.

People liked the food and they received a healthy, balanced diet according to their preferences and assessed needs.

Is the service caring?

Good

The service was caring.

People lived in a homely and friendly environment.

People were treated with respect and dignity. Their privacy was upheld.

People had made caring relationships with staff and other residents.

People's views were sought about every aspect of their lives.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's needs and behaviours were fully understood, which had enhanced their lives.

People had a wide variety of activities available to them and their independence was promoted. Staff responded with understanding and empathy to people's emotional, physical and social needs.

People's needs were comprehensively assessed and their care was planned in detail with them. They received person centred care of a high standard.

People felt confident to raise any concerns or complaints and these would be followed up effectively.

Is the service well-led?

Good ●

The service was well-led.

The registered manager displayed a passion, competence and commitment in the way the service was managed. They worked in close partnership with the provider.

There were systems in place to monitor the quality of the service provided, including seeking people's views and audits and checks, which were under regular review. Links with health and social care organisations kept the management informed of current good practice.

There was a strong culture of putting people first and this was led from the top.

Statutory responsibilities were being met.

Innisfree Residential 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 took place on 5 and 6 January 2017 and was unannounced. One adult social care inspector undertook the inspection.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had 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. The provider had completed this. We also looked at the information the provider had about the home on their website.

We talked with seven people living at the service who were able to tell us their views of the service and three people's family representatives. We looked at the care plans and records of care of four people and ten medicine records.

We spoke with six staff members, the registered manager and provider. We looked at records connected with how the home was run, including two staff recruitment records, records of resident and staff meetings, audits and survey feedback forms. We received feedback about the service from three health care professionals, one on behalf of North Somerset Community Partnership.

Good

Is the service safe?

Our findings

People's needs were met by sufficient numbers of staff. A deputy manager and new maintenance person had just been employed and were about to start. The service was actively recruiting additional care staff, with interviews planned. Any staffing shortfalls had been met through existing care staff and the use of agency staff. The registered manager had also worked providing care as needed. Two staff members said, "Staffing is flexible and we all help out. There is a new evening shift now to provide additional help at teatimes".

People said there were enough staff to meet their needs and a person's family member said, "Generally no concerns at all about the staffing". A health care professional said, "There are always staff available and on hand". However, another health care professional felt the home was understaffed and could not meet people's needs in a safe way and one relative mentioned staffing in a relatives questionnaire. The registered manager said that because resident numbers were currently low there were sufficient staff to meet needs and maintain safety. This was what we observed.

Although busy staff were seen providing people's care as needed. For example, where a person required regular repositioning this was provided. People received personal care to a standard which enabled them to present in a dignified way. Where people needed assistance to eat staff had the time to sit to provide that assistance. Activities staff engaged with people throughout the visits.

The registered manager used a dependency tool toward making staffing decisions. They confirmed that they had the autonomy to be flexible should a person's needs change and an additional staff member was required. For example, to take a person to a health care appointment. Care staff were supported by domestic, catering, administration, activities and maintenance staff. We found the staffing during our inspection, in addition to the registered manager, was an administrator, housekeeper (who also assisted with breakfasts and care support), two domestic staff, a cook, maintenance worker, a senior care assistant and two care workers. At nights there were two care workers. This staffing corresponded to the assessed staffing needs and staffing rota. Activities staff also arrived during both days.

The main building was in a safe state of repair with regular maintenance and servicing arrangements in place. The home was generally clean and fresh but one person's family said their family's room sometimes had an odour of urine. The registered manager explained why this had occurred and what steps had been taken to prevent this. There was no odour when we visited the room.

An external laundry room was in need of urgent repair and upgrading because the walls were damaged. A service improvement plan, produced by the provider and registered manager, showed that this need had been identified and was planned to be completed by the end of May 2017. There was good information available to visitors and staff about maintaining hygienic conditions. Staff used protective clothing to protect people from cross contamination and a cleaning schedule was in use.

There were robust recruitment and selection processes in place with much emphasis on "values based

recruitment" to ensure staff had the required attitude. Two staff files for the most recently recruited staff included completed application forms and demonstrated interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began working with people using the service.

People told us they received their medicines as prescribed. One person had chosen to look after their own medicines and the staff had made sure they were able to do this safely. Where people had difficulty swallowing tablets arrangements were made for them to be provided in a liquid form.

The way medicines were handled was safe. For example, staff received medicine training, medicines were checked into and out of the home and medicine records were clear and complete. The registered manager audited medicines on a regular basis. However, we discussed with the registered manager that one of the two places medicines were stored did not have the temperature monitored. The registered manager immediately started the temperature monitoring. Also, medicines requiring specialist storage, were not stored according the legislation for those medicines. The registered manager arranged for a pharmacist visit to discuss the points we raised.

There were several posters informing staff of the types of abuse and how to respond to protect people. Staff were clear about the types of abuse and how they would act if they thought abuse had occurred. For example, telling the registered manager. They also knew they could take concerns to the local authority safeguarding adult's team or the CQC. The registered manager was clear in their responsibilities of how to protect people from abuse and harm and had received regular update training in line with her management role.

There were arrangements in place for unforeseen emergencies. For example, there was an on call rota and a specific phone line for out of hours contact. Equipment was in place should people need to be evacuated and a reciprocal arrangement with another care home for evacuation. A manual called 'Fire and Emergencies' contained all the information staff needed in an emergency, such a contact details for staff, social workers and people's next of kin. People's personal evacuation plans were updated monthly to ensure they were correct.

Risks to individuals were assessed and regularly reviewed. Incidents and accidents were closely monitored using a locally recommended tool. Staff had clear and detailed advice and guidelines available to them for reference. For example, when to contact health care professionals following an injury and when to refer a person to the local specialist 'Falls team'. The registered manager also used a tool to look for trends, such as time of day and where an injury occurred, so risks could be reduced.

Staff had detailed information readily available to them to reduce individual risks. For example, each person's file contained dates, names and contact details for any health care professional who was involved in the person's care. Also, details relating to that person's individual use of any equipment they required.

Requires Improvement

Is the service effective?

Our findings

People's health care was promoted through regular contact with external health care professionals but some staff lacked sufficient understanding of a chronic health condition which affected some people using the service. This had the potential to increase the risk to the people with that condition. We spoke to two care workers about this. One understood the seriousness of the condition and its complications and how that should influence the care they provided but one lacked sufficient understanding from which to provide safe care. Feedback we received from North Somerset Community Partnership stated that staff needed assistance to improve their knowledge in this specific condition. The registered manager said they would immediately arrange for this specialist training, which they did. Two training sessions were arranged with the local residential home support team, which would be completed before February 2017.

Community nurses said that most of the time contacts from the home had been timely and all contacts with them had been appropriate. One said, "They are really quick on the ball and will contact us straight away". Another said, "(The registered manager) is proactive in contacting professionals". People received the health care advice and treatment they needed from, for example, GP's dieticians and speech and language therapists. People and their family members confirmed that there were arrangements in place for dental, eye, hearing and foot care to promote people's health. Records showed that staff members went with people to support them, at their request and as necessary.

People using the service and their family members were very complimentary about the care provided, one saying "I couldn't fault the care here".

Mandatory training was well organised using a training matrix. It included food safety, moving and handling, fire safety, first aid and infection control. Staff were encouraged and supported to take higher qualifications in care.

New staff received an induction to the service and the work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. The registered manager was a training assessor. They said staff new to care work started by looking at training DVDs, followed by test papers which were then marked. Staff then shadowed an experienced care worker. They said the staff induction was the nationally recognised Care Certificate, where staff were inexperienced in care. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. The service was transferring from on-line induction to a book based assessment, aligned with the Care Certificate.

Every new staff member was expected to shadow an experienced care worker. This happened over each shift so that staff understood people's needs over a 24 hour period. For example, night staff were able to get to know people during the daytime before they commenced their night time shifts.

Staff received on-going supervision, the majority from the registered manager. This included practical observation and more formal supervision where, staff told us, they could discuss anything. One said, "It is

really useful. I get a lot of reassurance". Staff also received appraisals in order for them to feel supported in their roles. Staff confirmed that they felt supported by the management team.

People's rights were protected. The registered manager and staff had a good understanding of how to protect people's legal rights.

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 at Innisfree Residential Home had consented to their care where they were able to make an informed decision. Where people might not be able to make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. For example, where a change of room was needed. Where people's representative had Lasting Power of Attorney (LPA) authorised the detail of those authorisations were available for staff and health care professionals to reference. This meant that the care provided was as the person had wanted because they had authorised another person to make decisions for them. Where a person did not have capacity and there was no LPA in place for care and welfare people that knew the person best, had been involved in the decision making. What people's family told us and records confirmed this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

The provider was following legal requirements in relation to the DoLS. Some people were not free to leave Innisfree Residential Home without support because of the risk this would pose to their safety. People were also under constant supervision as part of the care they required, which was a restriction on their liberty. We discussed DoLS with the registered manager. At the time of the inspection, the local authority had approved seven applications. The registered manager understood their responsibility to uphold people's legal rights and they closely monitored all of the DoLS applications they had submitted and those which had been approved.

The registered manager was very proactive in making sure people's wishes with regard to resuscitation were correctly recorded. This was to ensure staff could respond in accordance with the person's wishes and in their best interest.

People and their family and visitors were complimentary about the food provided. One person said, "It is alright and you get a choice. There is always something available. There is plenty and I've gained weight, which is good". Another person said, "The food is very good". One person's family member said, "Mum loves it. No worries about food and nutrition".

People were offered regular hot and cold drinks, snacks and fruit was readily available. The cook was very knowledgeable in ensuring people received a varied diet and there were two meal choices at lunch time. These were shown to people so they could make their choice from what they saw. The first day of the inspection the options were cottage pie and vegetables or pasta bake with garlic bread. People enjoyed a freshly delivered cream cake for dessert.

Specialist dietary requirements were met, such as where people were at risk of choking or required reduced sugar. The cook had a good knowledge of people's preferences. People's nutritional needs were assessed and reviewed with any concerns followed up appropriately, such as contacting health care professionals.

Lunch was a social occasion where most people met to eat together. The dining area was nicely set with a menu, table clothes and condiments. Discreet assistance was provided where needed and people were asked if they wanted extra food and "shall I bring a coffee up to your room?"

The cook had a system for checking whether the menu choices had been successful. This included measuring waste and asking people about the meal. Where a person's dietary intake was a particular concern their intake was monitored so action could be taken if required.

Innisfree Residential Home specialises in the care of people living with dementia. To provide that care as effectively as possible some fixtures and equipment was adapted, based on current, researched based best practice. For example, toilet seats were red and so clearly distinguishable, crockery was coloured and there was pictorial signage to help people make sense of their environment. For example, signs showing where the toilets were situated. People had a collage of pictures and information of personal relevance to them outside their bedroom door, if they had agreed to this. This helped people maintain their independence and maintain their health. For example, people would eat more when they could see the food clearly on the coloured plates. Discussion with the registered manager showed they had a good understanding of how to adapt the environment for people using the service and these adaptations were on-going.

Good

Is the service caring?

Our findings

People were complimentary about the caring attitude of staff. Their comments included, "The girls are all fine" and "They are very kind and understanding". We observed that staff were attentive and friendly when providing care and support. They made eye to eye contact, held hands and had hugs when this was what the person wanted. One person's family member said, "They give mum lots of cuddles and she is very emotionally active".

A person's family member had written in December 2016, "I would just like to say a really big and sincere thank you to you and all your staff for looking after my dad. Just to know he is happy and safe is a great peace of mind for me. You all work so hard and the home is lovely".

Both the registered manager and provider showed a caring attitude and empathy. The provider knew people's names and spent time chatting about things of importance to people, such as their hobbies.

Staff said they felt the service was very caring. One said, "It is like a family here. We give very personal care to each resident and they seem happy". Another said, "We try to keep people human. They're not a number. They have dignity".

Staff said, and were observed, knocking before entering people's rooms. One staff member said, "I've got to knock on each person's door before cleaning their room. I know who might not want their room cleaned that day and so it is left until later". People said their privacy was upheld when they received any care and they were always treated with dignity and respect. When a person needed a change of clothes the staff member quietly and discreetly suggested the person should come with them for the change.

A lot of emphasis was put on treating people with dignity. The registered manager told us all senior staff were enrolled as dignity champions with the 'Dignity in Care' national campaign. There were posters around the premises describing the 'Dignity Do's' and there was a carer's dignity challenge to which each member of staff had signed up.

There were frequent visitors to the home. They commented on its homeliness and how much they felt welcomed. A visiting health care professional said, "Innisfree is very homely and the residents are happy".

People's views were sought and acted upon. The registered manager said, "One to one time with people and staff meetings, help us to share how to communicate with people who are unable to verbally communicate, such as visual prompts, music and dancing". A key worker programme helped to develop the relationship between each person and a specific staff member. One person's family said, "(The residents) keyworker is brilliant with her".

Some people were able to confirm their views were sought about their care and staff were observed involving people in care decisions throughout the day. For example, about activities, food choices and where the person wanted to spend their time. People's views were also sought through their close

relationship with the registered manager, resident meetings and feedback surveys.

People received end of life care at Innisfree Residential Home. The family of one person who had been cared for until their death at the home told us, "I couldn't fault the care here and staff were absolutely fantastic. (The person) was calm and the staff could not have done anything more. The family had the run of the kitchen and were looked after as well".

The registered manager told us, "We have improved advanced care planning with support from (care home's support) and (palliative care specialists, such as hospice staff)". They said one person receiving end of life care specifically asked to see some kittens and this was arranged. Their final photo was of them smiling, cuddling the kitten.

Outstanding ☆

Is the service responsive?

Our findings

People's needs were responded to, which enhanced their lives. The registered manager told us one person had become very distressed and a danger to staff and themselves when they first came to the home. They were frightened of the aeroplanes they could hear over the care home. The registered manager got two drinks and sat near the person in the lounge, offered them a drink and then started humming 'it's a long way to Tipperary' quietly. The person eventually came and sat down with them. They then spoke about their childhood in Plymouth during the bombing raids, the noise of the airplanes, the destruction and the dead bodies. When they were explaining, and being listened to, they became calm. They are now very settled at the home and were able to enjoy the air show in 2016.

Staff understood how to support people emotionally. For example, one person would only accept care and treatment when staff presented like a health care professional. Therefore the staff, who usually wore no uniform, would wear a white coat to put the person at ease. This approach had led to finding improved equipment to meet the person's needs and increase their safety. At night the staff wore night clothes to work, to help people understand it was night time and settle to bed.

A visitor told us about one person who had been supported to visit their dying spouse and then to attend the funeral. During the period of mourning, when the person missed the spouse but could not make sense of what had happened, staff had been able to provide the empathy and support the person had needed.

The registered manager recognised that people's family members could struggle to understand their loved ones behaviours. To overcome this they delivered dementia training for any visitor who wanted to attend. People's family had said how much this had helped them and so this made visiting a more positive experience

The lives of people using the service and in the local community were enriched through community links with the home. For example, links had been made with a local school from which the children visited each term to spend time doing art work with people at the home. As members of North Somerset Dementia Action Alliance, run by the Alzheimer's Society, the service showed commitment to helping improve facilities and services within the community for people living with dementia. The national logo for this was displayed on the front window.

There was a high standard of personal care delivered. People and their family members were complimentary about the standard of care. People's comments included, "I had a very nice hot bath", "Mum is always dressed nicely and is as happy as it is possible for her to be" and "I couldn't fault the care here". One person's family said how quickly the staff will contact health care professionals if there was a concern. A health care professional said, "The standard is pretty good. They know the residents well and it is one of the better homes".

Information from relatives feedback questionnaires included: "Residents always seem happy", "We think the quality of care is good", "They treat each resident as an individual" and "When somebody is seriously ill they

provide fantastic support".

The registered manager encouraged and supported staff to find ways to improve people's lives. Examples included a person's end of life wish to cuddle a kitten. Another person's life was enriched because they enjoyed helping around the home and garden. They received a pay packet each week which confirmed to them their contribution remained of value.

People's views were sought and acted upon. For example, each week there was entertainment arranged. The registered manager said that when any new entertainment was completed she would ask people to give the thumbs up or the thumbs down. If it was thumbs down the people had decided that entertainment was not wanted and their opinion was respected. People were encouraged to try new things. For example, a yoga teacher was arranged for March 2017.

The layout of the premises was conducive to a variety of activities. For example, one lounge had a seaside theme, designed for people with more advanced dementia, with an emphasis on texture and colour. A large conservatory section was in use for creative work and a second lounge was very much a 'home from home' sitting room. There were small but pleasant and interesting gardens for use in the better weather.

There was a strong emphasis on providing regular activities of interest to people and activities workers were at the home during our visits. There was weekly entertainment, which was reviewed regularly and varied. Some people chose involvement with daily household tasks. Activities included flower arranging, arts and crafts, quizzes and puzzles. People spoke about outings they had enjoyed, of which there were about four a year. Where one person had chosen to remain in their room we observed they received regular staff contact.

Each person admitted to Innisfree Residential Home, either for short term or long term care had received a detailed and comprehensive assessment of their needs prior to admission. That assessment included the person's capacity to understand, and agree, with the admission. The registered manager said, and provider confirmed, that many people were not offered a place at the home if it was felt their needs could not be met. Or, if it were felt the admission would adversely affect other people using the service.

Each person using the service had a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. Some people were able to confirm they had been involved in producing their care plan. Other people's family members said they were always consulted and kept informed about the care and any changes.

Care plans were available and informative for staff. People's care files were kept securely in a locked room but readily accessible to staff. For quick staff access to information the care plan section was a separate file, stored alongside the main file. The care plans were person centred in that they provided detailed information about each aspect of the person's needs and wishes. Also included was contact names and dates of involvement from health care professionals.

Complaints were handled effectively for the sake of the person and toward improvements in the service. People said they felt confident they could take any concern or complaint to the registered manager and it would be dealt with. People told us, "I have no concerns but I would talk to (the registered manager)" and "(The registered manager) is very easy to talk to. I know I can talk to her about anything".

To help people to make a complaint each person had photos of staff in their room to which they could take their concern. There had been one formal complaint about the service during 2016. This had been fully investigated and the complainant received a detailed response.

Good

Is the service well-led?

Our findings

Innisfree web site says that the service prided itself on providing a loving and homely atmosphere. There was a strong theme from people and their family members which supported that this was achieved. A health care professional said, "The registered manager is fantastic. She listens and is on the ball".

The registered manager had worked at Innisfree Residential Home for seven years. They were closely involved in the care people received and well known to people using the service and their family members. They were extremely committed to the welfare of the people in their care. They were experienced and understood what was important to the people using the service. A family member said, "(The registered manager) is one in a million. She is a leader. She knows each person's individual needs and has a heart of gold".

The registered manager and provider worked in close cooperation to achieve good outcomes for people and maintain the business. The registered provider was well known to people. During our visit they spent many hours talking to people who they clearly had good knowledge of. They undertook regular, mostly unannounced, visits to the home, followed by a report of their findings.

Innovative ways were used to makes people's lives safer. For example, smoke practice was used for fire safety training and a life sized dummy used to train staff for an emergency evacuation. There were photographs of staff to which people could take any concern or complaint, rather than people having to understand a written policy. The registered manager had been very proactive in ensuring people's legal rights were upheld, regularly reviewing people's legal status.

Staff felt well led and supported. Their comments included, "We are a really good team. We come together and make it work. We are kept well informed" and "We can, without hesitation, take anything to (the registered manager)". Staff were encouraged to do well and enjoy their work. There was a prize for the staff member of the year. When staff, as part of qualifications in care, had to complete and submit a piece of work, the registered manager arranged for them to give other staff a presentation of that work. A programme of 'Champions' was being progressed, which gave staff members specific areas of responsibility and in which they could take pride.

Toward ensuring the service remained current and was using best practice the registered manager and registered provider attended conferences and workshops. For example, the Care Show, Quality Matters Annual Conference, North Somerset Dignity Network and North Somerset provider's forum meetings. This had led, for example, to the 'Dignity in Care' national campaign to which the service was signed up.

A programme of audits and checks was in place to ensure a safe and effective service. The registered manager referred to their 'Audit Bible', which was under regular review. For example, when they once missed sending a notification the process was reviewed and this was now regularly tracked as part of the service audit processes. Clearly defined and completed were daily, weekly, quarterly and six monthly audits, to check that the service was running efficiently. These checks included staff practice, records and the

environment. To support staff and check the standard of service they did unannounced day and night time checks. Where a need for improvement was identified an action plan was produced, with timescales for the improvement.

The registered manager was aware of their responsibility to notify the Commission of events which affected the service and the people using it. The Commission had received notifications in line with the Health and Social Care Act 2008. This meant CQC were able to monitor the service.