Heritage Care Limited

Millbank

Inspection report

109 Mill Gate
Newark
Nottinghamshire
NG24 4UA

Tel: 01636703625
Website: www.heritagecare.co.uk

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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

We undertook the unannounced inspection on 2 and 3 August 2016. The service provides residential and nursing care for 38 people over the age of eighteen. On the day of our inspection 35 people were using the service. The service is provided across two floors.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run. People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed. Risks to people's safety were assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence.

Staffing levels in the home were sufficient and the registered manager regularly reviewed staff levels to ensure that they remained safe depending on the needs of the service. People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and dehydration. Specialist diets were provided if required. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care They were treated in a caring and respectful manner by staff who delivered support in a relaxed and considerate manner.

People, who used the service, or their representatives, were encouraged to be involved in decisions about their care and their environment, and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 safe as the provider had systems in place to ensure staff recognised and responded to allegations of abuse.

Risks to people's safety were assessed to allow them freedom but also keep them safe.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and to be able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions where possible and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet with sufficient fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported. Staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People who lived at the home at the home, or those acting on their behalf were involved in the planning of their care and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

People were supported to make complaints and concerns to the management team.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 2 and 3 August 2016. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Before the inspection, the provider completed 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.

During the inspection we spoke with six people who were living at the service and eight people who were visiting their relations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with four members of care staff and the chef. We also spoke with the registered manager.

We looked at the care records five people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. One person told us, "Yes the staff take care of me." Another person told us they spent a lot of time in their room and staff popped in regularly to check on them and that made them feel safe. A relative we spoke with told us they had confidence in the staff to keep their relative safe they felt their relation was safer in Millbank than in their own home and this had increased the person's confidence. Another relative told us, "There is always someone there to keep [name] safe." The people we spoke with and their relatives told us they would be happy to go to the registered manager, deputy manager or team leaders if they had any concerns about safety in the home.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse and they understood their role in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff said, "I would not hesitate to tell the team leader or manager if I was concerned." They went on to say it was part of their job to look out for signs of abuse and ensure that it was reported correctly. They said, "I would have no qualms about ringing the safeguarding teams if I was worried." However all the members of staff we spoke with had confidence the registered manager would deal with any safeguarding concerns and ensure that people were protected.

The manager was confident that staff would protect people from possible abuse and told us staff were never slow to come to her to discuss anything with regard to the safety of the people who lived in the home. She told us she encouraged this. The registered manager also demonstrated an understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and to CQC.

People were supported to manage risks to their safety whilst not restricting their freedom. Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as mobility, nutrition or managing their medicines. Where the risk assessments had identified people were at risk of pressure ulcer formation, appropriate pressure relieving equipment had been provided and was in use.

One person we spoke with told us they had everything they needed to help them walk around. They said, "I have my 'keep me up' stick." A relative we spoke with told us their relative had suffered a number of falls prior to coming to the home. Since coming to the home their mobility had improved as they had the right aids to assist them and the risks to their relative's safety had been assessed properly. They told us staff were aware of the needs of their relative and encouraged and supported them to be as independent as possible. A member of staff we spoke with said, "The risk assessment are written to help people maintain independence; people's independence is very important."

People could be assured that staff could be responsive to potential risks which may compromise their health and wellbeing. We looked at the records of people who had difficulty in maintaining their skin integrity and people who had a chronic illness such as diabetes. We found the documentation was effective as they had enough detail to inform staff of ways to respond to any complications.

Where people were at risk of falls they had risk assessments detailing the preventative measures that were in place. There had been appropriate referrals to the falls prevention team to look at ways to reduce the risk of further falls through their assessment of the person's needs.

We saw one person's risk assessment relating to personal safety and spoke to their relative who told us the registered manager had been responsive to their relation's need to move freely around the home while maintaining their safety. The person was not safe to leave the home alone due to their lack of orientation and short term memory loss. The relative told us they had worked with the home to install an alarm system which meant the person could access large areas of the home and garden safely. But should they go into areas of the home where their safety was compromised staff would be alerted. This meant the person who liked to walk around the home and garden could retain some independence.

We saw staff using hoist equipment confidently and safely. Staff confirmed they had received the appropriate training to use the equipment. They also told us they knew where to get the information they needed to help keep people safe. One member of staff told us they got information from the individual risk assessments in people's care plans, discussions in daily handovers and by reading a communication book.

People could be assured the environment they lived in was safe. The manager and regional manager undertook regular environmental audits, we saw action plans in place relating to issues that had been identified and subsequently addressed. The company employed a maintenance person who maintained records which showed that up to date monitoring and servicing of equipment and the environment took place. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People we spoke with told us there were sufficient staff to meet their needs. One person told us, "Staff come when I call." When asked about staff, another person told us, "There seems to be enough," Relatives we spoke with were happy with staffing levels. One relative told us, "There is always someone around and they respond quickly."

Staff we spoke with also told us the staffing levels were sufficient. One care worker we spoke with told us, "Yes there is usually enough staff, we all work together and that makes a difference." Another member of staff said, "Yes there is enough staff, some days the workload seems heavier than others but in general there's enough of us." Staff told us that agency staff were not used but that the registered manager was responsive if they were short of staff. They told us shifts were covered to ensure the correct numbers of skilled staff were on duty.

We spoke with the registered manager who explained a dependency tool was used to establish safe staffing levels and this was updated each month. The registered manager told us staff were allocated to one of three zones in the home. They told us this meant staff had a sense of responsibility for the people they cared for in each area. The registered manager had also planned the shift times so one person from the day time shift started an hour early in the morning and another member of staff left an hour later in the evening. This was undertaken in response to feedback from the night staff that these periods were often busy and the extra person meant people could be responded to in a more timely way.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined five staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained and told us they got their medicines when they needed them. One person said, "Yes I get medicines on time." The person also told us they rarely required painkillers but that staff always checked if they needed them. Another person told us, "Yes they [staff] have the medicines and I get them when I need them."

The overall management of medicines was undertaken safely, we saw the storage of medicines was secure and appropriate. We observed a medicines round and saw the staff member followed safe practices, ensuring each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records daily to ensure all medicines were given. The registered manager and regional manager undertook regular medicines audits and we saw up to date records that these audits had taken place with actions identified and followed up.

Good

Is the service effective?

Our findings

People who lived at the home told us they received care that was appropriate to their needs. One person we spoke with told us, "They are very good here; they work well and know what they are doing." Relatives we spoke with had confidence in the skills of the staff who cared for their relations. One relative whose relation was living with dementia told us, "I believe they are all dementia trained," and told us they were re-assured by this as they had watched staff and could see they managed people's needs with expertise. Another relative told us they felt new staff were supported and appeared to get the right training for their job, "You never see two new ones together."

Staff we spoke with told us they had training which enabled them to effectively carry out their roles. They explained that they had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. One member of staff said, "Yes the training is good, we get the basic stuff and last year I did a specialist dementia course which was very good". The registered manager and the provider information return document also stated if staff highlighted an interest in a particular type of training that was of benefit to the service the provider would work with the staff member to source the training.

Staff told us that on commencing employment they were required to undertake an induction. Staff confirmed to us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently. The manager explained they used the new care certificate induction for new staff. The care certificate induction is regarded as the best practice for inducting new staff in health and social care.

People were supported to consent to their care. One person we spoke with told us, "They [staff] make sure I am happy for them to do things before they do anything for me." Another person told us staff didn't just start doing things for them; they told us staff would ask them if they wanted the particular aspect of care before assisting them. Relatives we spoke with were happy with the way staff approached their relations when providing care. One relative told us, "Staff give [name] time to make their mind up, they don't rush." Records we looked at showed that consent to care forms had been signed by the person or their chosen representative.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. For example one

person's mental capacity had been deteriorating over a period of time and the person's assessment of their personal care reflected this. The assessment gave guidance to staff to monitor what clothes the person put on to ensure they were appropriate. There were strategies for staff on how to support the person to help them remain appropriately dressed. The focus of the assessments was on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA. One member of staff told us, "All the people who live here have a choice in their daily lives and we start from the point that a person has capacity to make their own decisions."

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).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw one completed authorisation and noted the conditions of the authorisation were being met. We spoke to a member of staff about one person who had DoLS restrictions in place. The staff member explained the measures in place to keep the person safe but still allow them freedom of movement in the home and enclosed grounds. They told us staff knew how important it was for this person's sense of wellbeing to have as much freedom of movement as possible.

People we spoke with told us they enjoyed the meals in the home. One person told us, "The food is good, I get what I want." Another person assured us that they got enough to eat, enjoyed the food and had no complaints, the person preferred to spend a lot of time in their room and told us staff ensured they got plenty to drink and there were always snacks available. Whilst we sat talking with the person we saw they had fresh juice and snacks within reach in their room. Relatives we spoke with told us staff were very accommodating with regard to their relative's nutritional preferences and the chef would assist them to ensure their relatives got the type of food they wanted. One relative told us they had stayed and eaten meals with their relation. They told us the meals were good, saying, "There are opportunities for us to sit and eat together which is nice."

We observed the dining experience and saw people who required assistance with their meals were helped in a discreet and unhurried manner. They received meals that were hot and well presented; people who sat together were served together making the mealtime experience a pleasant one.

People could be assured that their nutritional needs would be managed. The staff showed a good understanding of the type of diets individuals required. Team leaders monitored people's weights weekly and worked with the home's chef, dietitians and other health professionals to ensure people maintained a healthy weight. A relative we spoke with told us their relation had gained weight since being in the home and was now a more healthy weight. The registered manager had introduced grazing tables, these had a variety of snacks on small trays placed on side tables in communal areas and people were encouraged to eat them throughout the day.

People told us they had access to health care professionals and staff had sought appropriate advice to support people with their health care needs when required. One person told us, "Yes, they get the doctor if I need them, and they always phone my relative to let them know." Relatives we spoke with told us that staff worked well with health professionals to ensure their relations got the best and most appropriate care. One relative told us. "They are very quick to alert doctors - it is re-assuring." We spoke with health professionals who were visiting on the day and were told staff were helpful and followed instruction for treatments when required. One health professional told us they had been working with the registered manager to deliver extra training on preventing tissue damage. They said the registered manager was responsive when people

required particular treatments or equipment to prevent tissue damage.

During the inspection we were made aware a person who lived in the home had required an ambulance the previous day. We discussed the incident with a staff member and we read the person's care records. It was clear from speaking to the staff and reading the records that the appropriate actions had been undertaken to ensure the person received the medical intervention they required. The registered manager told us they had a good working relationship with the GP practices that supported the home and other health care professionals, such as chiropodists, visited the home. Records supported this information.

Good

Is the service caring?

Our findings

The people who lived at the home told us the staff who worked at the home were very caring. One person told us they like to stay in their room and staff made sure the things they needed were there for them. They said, "They [the staff] are very kind" Another person told us staff were always coming round to see if they were alright and had the things they needed." All the relatives we spoke with were complimentary about the staff's attitude towards their loved ones. One relative told us staff had a caring attitude another relative said, "The care here is second to none, it feels like family."

Staff we spoke with enjoyed working at the home and they had developed positive relationships with the people they cared for. They were able to discuss the different needs of the people in their care and understood their care needs and preferences. During our visit the registered manager was visible around the home and people who lived at the home and their relatives clearly knew who they were. The registered manager told us positive relationships had been developed between the staff, relatives and people who lived in the service, They said, "There is a good open relationship with residents and families, some people like to have a banter and staff know who enjoys this and who doesn't."

Our observations supported what people had told us. Staff interacted with people in a relaxed and caring manner. We saw a member of staff serving lunches, then going and sitting with some people at a table and chatting with them. Staff responded to people's requests in a timely way chatting easily with them as they provided support. We found staff spoke with people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. Staff were patient and understanding when supporting people whatever they were doing. During the inspection we saw an armchair exercise class going on and staff all joined in encouraging people and creating an inclusive atmosphere.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith and arrangements were made for some people to attend their local place of worship.

People were encouraged to express their views and felt their opinions were valued and respected, they felt staff listened to their decisions in respect of their daily care, and these were acted upon, "They do things the way I like it." They went on to tell us they had the choice of when to get up each morning and whether they wanted breakfast in their room or the dining room

People told us they or their relatives were involved in managing care plans. One person told us, "My relative helped with this." The person's relative confirmed to us that they had the opportunity to ensure their relation's care needs were recognised. Another relative told us that developing their relation's plan was an inclusive exercise with staff. They were able to view the documentation and work with staff to make necessary changes in the care plan on a regular basis.

Staff we spoke with told us they worked with people to involve them in their care plans, and we saw care plans had enough information in them to ensure staff were aware of people's preferences and choices.

We spoke to the manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us this service had been used by some people who lived in the home in the past and we saw there was information in the home about the availability of advocacy services.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "Oh yes they keep things private when helping me." Relatives we spoke with told us they felt that their relations' privacy and dignity was respected. One relative said, "Yes [staff] deal with privacy in a sensitive way."

Staff we spoke with showed a good understanding and were empathetic when discussing how they maintain people's privacy. One member of staff talked to us about being discrete when dealing with people's personal care. They said, "I cover people and make sure curtains are closed when I give care," The registered manager told us they had dignity champions in the home. Dignity champions re-enforce to the importance of maintaining people's dignity. This is done through leading by example or challenging poor practice. The manager said there were regular discussions in staff meetings about people's privacy and dignity.

People were encouraged to remain as independent as possible, relatives we spoke with felt their relations were encouraged to be as independent as possible. One relative told us their relation had, "Got their 'mo-jo' back," since moving into the home. Another relative told us their relative did not like being hoisted but had required this when they first arrived at the home. They told us staff had worked with their relative to help them use other aids. They felt this had improved their relative's dignity, given them confidence and improved their independence.

Good

Is the service responsive?

Our findings

The people and their relatives we spoke with felt that they received the care and support they required and that it was responsive to their needs. The care plans we viewed gave good accounts of the daily issues people faced. The different aspects of care for each person was recorded, clearly covering areas such as how to support someone with their particular mood changes, personal care or how best to communicate with them.

The provider information return document stated there were systems in place to involve people in the development of their care package and ongoing reviews of the care plans. We saw evidence of this during the inspection. People and their relatives told us they were encouraged to attend these reviews and felt the management team respected their contribution to the review process. One relative told us the registered manager had undertaken the pre admission review with their relative and themselves. They told us they knew at that point their relative care would be planned in an individual way and their opinion had not changed. The relative felt the registered manager and staff were responsive to any changes in their relative's needs.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "Everything [in the care plan] is about that person and what that person needs." The staff member told us the care plans were updated by the person's keyworker. We saw in each person's bedroom there was a picture and name of the person's keyworker. Relatives we spoke with were aware of this information and felt it gave them a point of contact.

An electronic record keeping system was used for managing people's care records, we saw staff had electronic tablets they could take with them to complete daily records. During the inspection we saw staff were able to update records when sat with people in the communal areas. Staff told us the electronic system meant they were able to view different aspects of people's care quickly on a regular basis.

The staff at the home worked to ensure there were a wide range of activities on offer to stimulate and meet the needs of people who lived in the home. The activities co-ordinator produced a newsletter for people and their relatives, discussing the success of different events and advertising forthcoming events.

The activity co-ordinator facilitated activities to suit the needs of as many of the people who lived at the home as they possibly could. These activities ranged from taking individuals out shopping or spending time with people in their rooms to provide them with conversation and stimulation, and there were organised trips that people could take part in. During our visit people were able to take part in a craft activity and a seated chair exercise class. One person who we spoke with in their room had also come out for this activity. Staff told us the person enjoyed joining in with the exercise class so they always let them know it was on so they join in. The activities co-ordinator tailored the activities so as many people could join in as possible whatever their skill level. People were also supported to follow their interests and take part in social activities outside of the home, for example attending day centres.

The activities co-ordinator ran a shop which opened each Thursday. They would take one of the people who lived in the home out shopping for items and then a number of people would help price up the items for sale. One relative told us their relation was a diabetic but enjoyed buying sweets from the shop. The activities co-ordinator worked with the relative to ensure there were sugar free sweets for the person to buy. The home had a separate building in the enclosed gardens that was used daily for activities. The registered manager told us it made people feel as if they were going out when they used this building for different activities. The building was also used by relatives for small celebration events for their loved ones.

A member of staff we spoke with told us, "The activities are really good, people look forward to seeing the activity co-ordinator and doing the things she organised." They told us the staff all tried to support the activities co-ordinator and enjoyed joining in when they could, they felt it encouraged people to take part in things.

The people we spoke with told us they would be able to say if they had any concerns. A relative we spoke with told us they had highlighted a particular concern from their relation to the registered manager. They told us the issue had been dealt with to both their relation and their satisfaction. The relative said, "[Manager] acted straight away." Relatives were aware there was a complaints procedure and we saw copies displayed in each person's bedroom apart from one person who had declined to have it displayed. The manager was able to show us their complaints file and whilst there were very few complaints we saw the correct process for dealing with complaints were followed.

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "I would talk to people to see if I could resolve it, if I needed more knowledge I would tell the team leader, then I would record things and apologise."

The manager held regular relatives' meetings, these were advertised in the monthly newsletters sent out to relatives and displayed on notice boards around the home. However relatives also approached her individually on a regular basis. The manager was confident that any issues of concern were raised and dealt with to the satisfaction of both people who lived in the home and their relatives.

Good

Is the service well-led?

Our findings

People benefitted from a positive and open culture in the home. On the day of our visit the registered manager was visible around the service. People told us they felt confident in approaching the registered manager if they wanted to discuss anything with them. One person who spent a lot of time in their room told us, "[Manager] pops to see me to chat."

Relatives we spoke with confirmed what people had told us. A number of relatives told us as the office was next to the entrance and the door was usually open they were able to talk to both the registered manager and the deputy manager as they came or left. One relative told us it was reassuring to have the management team so accessible.

Staff told us the registered manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions for improvements within the home and felt the registered manager developed an open inclusive culture within the service. One member of staff told us, "[Manager] is visible, they sort things out." Another member of staff said, "The manager and deputy are approachable, they come to check if we are ok and help if needed."

Staff told us they enjoyed working at the service and felt the management team was proactive in developing the quality of the service. One staff member said "This is a lovely friendly home to work in." Throughout our inspection we observed staff working well together and they promoted an inclusive environment. Staff supported each other and it was evident that an effective team spirit had been developed.

The staff we spoke with were aware of the organisation's whistleblowing and complaints procedures. They told us they would feel confident that any issues they raised would be dealt with confidentially and appropriately. The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people who lived at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us they were supported with regular supervision and appraisals, they told us the meetings were supportive, and useful. We saw a supervision matrix which showed how the supervisions were managed.

Staff felt the supervision meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, "I discuss things that are bothering me and know this will be treated confidentially and sorted out." The meeting also provided the opportunity for senior staff to discuss the roles and responsibilities with their teams so they were fully aware of what was expected of them.

The staff we spoke with and observed were confident and competent. They were aware of the staff structure

and told us they always had someone to go to for help and support. The registered manager told us and it was noted on the provider information return document that she and the deputy manager undertook regular spot checks on the practice of their staff. There was also a senior person on call for the home 24 hours a day seven days a week. The registered manager told us they undertook unannounced visits to monitor the running of the home outside normal working hours. The manager told us they wanted to be sure the care people received was of a high standard.

People who lived at the home, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. The manager told us the results were discussed at the resident and relative's meetings and the feedback acted upon to keep improving the service.

Internal systems were in place to monitor the quality of the service provided. These included audits of care plans and medicines management. They were undertaken by the registered manager and over seen and further analysed by the regional manager. The registered manager and the regional manager also performed environmental audits.

The manager and provider used the information from the audits and spot checks to ensure the staff at the home were able to maintain a high standard of care. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.