Sanctuary Care Limited

Time Court Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 20 October 2016 and was unannounced. At the last inspection in November 2013 the provider was meeting the regulations in all the areas we looked at.

Time Court is a residential home that provides accommodation and personal care for up to 56 people. The service comprises of five units, including a nursing unit and an intermediate care unit. At the time of our inspection there were 41 people using the service.

There was a registered manager in place who had been registered manager at the home for three years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people were protected from the risk of abuse because staff had received safeguarding training and were aware of the action to take if they suspected abuse had occurred. The provider undertook checks on staff before they were employed to ensure their suitability for the roles they were applying for. There were sufficient staff on duty to meet people's needs. Risks to people had been assessed and where risks had been identified, action had been taken to reduce the level of risk. People's medicines were managed safely.

Staff were supported in their roles through training, supervision and an annual appraisal of their performance. They were aware of the importance of seeking consent from the people they supported and the service acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where appropriate. People were supported to maintain a balanced diet and had access to a range of healthcare services when needed.

People were treated with kindness and consideration by staff. Staff respected people's privacy, and people were consulted about their care and treatment. People had care plans in place which were person centred and reflected their individual needs and preferences. They were aware of how to raise a complaint and told us they were confident the registered manager would address any concerns they raised appropriately.

People, relatives and staff told us the service was very well run and spoke very highly of the registered manager. The service achieved very positive outcomes for people. The service had a clear set of values in place which staff were committed to delivering. The provider and registered manager demonstrated an excellent commitment to developing staff and made innovations to service provision in response to people's feedback. People were empowered to be involved in the day to day running of the service. The provider had quality assurance systems in place which helped identify issues and drive continuous improvements within the service.

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 from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

Risks to people had been assessed, and action taken to manage risks safely where they had been identified.

The provider undertook pre-employment checks on new staff before they started work to ensure they were suitable for the roles they were applying for. There were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was Effective.

Staff were supported in their roles through training, supervision and an annual appraisal of their performance.

Staff sought consent from people when offering support and respected their wishes. The provider acted in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) where appropriate.

People were supported to maintain a healthy balanced diet.

People were supported to access a range of healthcare services when needed.

Is the service caring?

Good

The service was Caring.

People were treated with kindness and compassion.

People were consulted about their care and treatment and involved in day to day decisions about the support they received.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good

The service was Responsive.

People received care and support which met their individual needs and preferences. They were involved in regular discussions about their care planning to ensure it reflected their current views.

There were a range of activities for people to attend in support of their need for social interaction and stimulation.

The provider had a complaints policy and procedure in place. People knew how to raise concerns and expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

People, relatives and staff all spoke very highly of the registered manager.

Staff demonstrated a commitment to delivering the provider's values.

The provider had quality assurance systems in place to identify issues and drive improvements.

People were empowered to be involved in the day to day running of the service. The provider and registered manager acted on people's feedback to improve service provision.

Time Court Residential and Nursing 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 following concerns we were made aware of, to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 October 2016 and was unannounced. The inspection was conducted by one inspector and an inspection manager. Prior to the inspection we reviewed the Provider Information Return (PIR) submitted by the service. The PIR contains key information about the service and what it does well, as well as providing details of any planned improvements. We also looked at other information about the service, including the details of notifications the registered manager had sent us. A notification is information about important events that the provider is required to send us by law. Additionally we contacted the local authority responsible for commissioning the service and asked them for their feedback. We used this information to help inform our inspection planning.

During the inspection we spoke with six people, two relatives, and three visiting healthcare professionals. Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six staff, the registered manager and the regional manager. We looked at records, including six people's care plans, staff training, supervision and recruitment records, and other records related to the management of the service, including minutes from meetings, audits and maintenance and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and that staff treated them well. One person said, "I feel quite safe here; I've no problems." Another person told us, "I can do whatever I want here; I'm quite happy." A visiting relative commented, "Yes, I think it's safe; I wouldn't want [their loved one] staying here otherwise!"

The home had a safeguarding policy and procedure in place which gave appropriate guidance to staff on how to protect adults from abuse. Records showed staff had also received training in safeguarding adults which was refreshed on an annual basis to ensure they stayed up to date and were aware of their responsibilities in protecting the people living at the home.

Staff we spoke with were aware of the different types of abuse that could occur and knew the action to take if they suspected abuse. One staff member told us, "I'd report any concerns I had to my line manager." Staff were also aware of the provider's whistle blowing policy and told us that they would escalate any concerns they had to external bodies, for example CQC or the local authority safeguarding team if they felt it necessary.

Risks to people had been assessed and action taken to manage identified risks safely. Records showed that risks to people had been assessed in areas including moving and handling, malnutrition, skin integrity, and falls. We saw information was in place for staff on how to minimise risks where they had been identified. For example we saw one person's risk assessment with regards to their skin integrity identified that they were to be repositioned regularly whilst in bed, and records showed that they had been repositioned accordingly.

However, we also noted that one person's malnutrition risk assessment had not been scored accurately. We brought this issue to the attention of the registered manager who told us they would update the record and arrange to go through the risk assessment process with the staff member who had made the error, although we were unable to check on the outcome of this at the time of our inspection. We also noted that despite the error having been made, the support the person was receiving was appropriate and the risk of malnutrition was being safely managed.

Staff we spoke with were aware of the details in people's care plans and risk assessments and could describe the action they took to minimise risks. For example, one staff member was aware of the guidance in place regarding the management of falls for one of the people they supported. They were able to describe the action they took to minimise this risk, for example by ensuring they wore appropriate footwear and were given appropriate time and support whilst mobilising.

Whilst there was a focus on risk management, people's freedom was also supported and respected. For example, we noted that one person did not wish to be forced to use footplates with their wheelchair as they caused them discomfort. Staff confirmed that they respected the person's wish to take this risk because they had assessed the person as having capacity to make the decision. Records showed that the risks of not using footplates had been explained to the person but that they had opted to take this risk regardless.

There were arrangements in place to deal with emergencies. Staff we spoke with were aware of the action to take in the event of a fire or medical emergency. Regular fire drills had been conducted and we saw people had personal emergency evacuation plans (PEEPs) in place which included information on the level of support people required to evacuate from the service in an emergency. The PEEPs were stored in a location readily accessible to staff and the emergency services when required.

People had mixed views on the staffing levels at the service. One person told us, "I've no problems with the staffing; I get help when I need it." Another person said, "There are enough staff here. They come when I call them." However a visiting relative told us they thought there were not enough staff on one of the units which they felt could lead to delays in people receiving prompt support.

We observed there to be enough staff available to support people promptly when required during our inspection. People's call bells were responded to promptly and we noted that throughout the day there were periods where staff were able to spend good quality time with people on a one to one basis on the different units within the service. The registered manager explained that the staffing levels were flexible and based on the needs of people, and the level of support they required. For example, where people's needs had increased on one unit, the staffing level had been increased during the morning shift in order to ensure people received they support they required when needed.

The provider undertook checks on new staff before they started work to ensure they were suitable for the roles they were applying for. Staff files contained details of checks having been made on staff member's identification, references, criminal records checks and fitness to work. The records also included details of staff member's work history although we noted that gaps in employment had not always been considered. We followed this issue up with the registered manager following our inspection as this issue had been identified at other locations under their registration. They provided us with additional information confirming that they had obtained full work histories of the staff whose files we'd reviewed had subsequently been obtained. They also confirmed that the provider has since written to all service managers and updated their application paperwork to ensure that the full work history, including reasons for any gaps in employment will be obtained from new staff in future.

People told us they received their medicines as prescribed. One person said, "I get my medicines at the right time; the staff do medicines rounds at regular times each day." Another person said, "There have been no problems with my medicines." The registered manager explained that only staff who had been appropriately trained undertook medicines administration and that the training included an assessment of the staff member's competency to ensure they supported people with their medicines safely.

People's medicines administration records (MARs) included their photograph and details of any known allergies to reduce the risks associated with medicines administration. The MAR's we reviewed were up to date and confirmed that people had received their medicines in accordance with the prescribing GP's instructions. However, we also noted that the dispensing label on one person's boxed medicine was inaccurate, referring to a higher dose tablet than the box contained. We brought this to the attention of staff who contacted the person's GP during our inspection. They confirmed that the dose the person had been given each day was correct, so we were assured that there had been no negative impact on them.

People's medicines were kept in locked medicines trolleys in clinical rooms which were only accessible to authorised staff when not in use. We saw that controlled drugs were stored securely and records of receipt, administration and disposal were maintained appropriately, in line with legal requirements. Regular temperature checks were made of storage areas, including medicines refrigerators, to ensure medicines were stored safely.

Regular audits were conducted which included medicines checks and we saw external audits were conducted periodically by a pharmacist to ensure the service maintained good practice when supporting people with their medicines. We noted that these audits had resulted in improvements to the management of people's medicines. For example, where the failure to record the date one person's medicine had been opened had been identified earlier in the year, we saw that the date of opening of their medicines had been correctly recorded during the current medicine cycle.

Good

Is the service effective?

Our findings

People and their relatives told us they thought the staff were well trained and competent in their roles. One person said, "The staff know what they're doing." A relative told us, "I think the staff are well trained; they know how to support [their loved one]." Another relative commented positively about the skills staff used when hoisting their loved one.

Staff confirmed that they undertook an induction when starting work at the service which included a period of orientation and reviewing the provider's policies and procedures, as well as completing training in a range of areas considered mandatory by the provider. The registered manager told us that the induction process followed the Care Certificate which is a nationally recognised programme for staff new to health and social care. One new staff member confirmed they were still in the process of working through the requirements of the Care Certificate.

Records showed that people had received training in areas included manual handling, health and safety, fire safety, nutrition, infection control and first aid. Staff received refresher training on a regular basis to ensure they remained up to date with best practice and we noted that courses had been booked for staff where refresher training was due. Additionally we noted that staff were supported to attend additional training in support of their roles. For example, the registered manager had arranged for four members of staff to attend an NHS run course on frailty in order for them to have a greater knowledge and understanding of how to support the people they cared for.

Staff confirmed they received supervision on a regular basis from their line manager, and an annual appraisal of their performance. The registered manager told us staff received supervision on at least a quarterly basis or else when additional support was required or requested by staff. One staff member told us, "Supervision is helpful in supporting me to identify my strengths as well as areas in which I need to improve." Records showed that supervision sessions included discussions to promote staff member's understanding of key areas including safeguarding and the Mental Capacity Act 2005. We also noted that staff received feedback on their performance as part of supervision. For example, one staff member had received feedback on medicines management following an observation made by a senior staff member.

People told us staff sought their consent when offering them support. One person told us, "They [staff] always ask if I'm happy for them to help me." Another person told us, "Staff respect my wishes." Staff we spoke with were aware of the importance of seeking consent from the people they supported. One staff member said, "I always check to make sure people are happy with the support I'm offering. I wouldn't force anyone to do anything; I respect their views."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in the MCA and were aware of how it applied to their roles when offering people support. We saw records of mental capacity assessments and best interests decisions having been completed where people lacked capacity to make specific significant decisions about their care and treatment for themselves, for example with regards to the use of bed rails.

The registered manager was aware of the process to follow in seeking authorisation to deprive a person of their liberty under DoLS, if they considered it in their best interests to do so. Records showed that DoLS authorisations were in place where required, in the interests of people's safety. We noted that one person's care plan made no reference to them being supported to undertake outings from the service, which was a condition placed on their current DoLS authorisation. We spoke to the registered manager about this and they explained that the person was currently being nursed in bed and was not fit enough to go out. Following our discussion she arranged for the person's care plan to be updated to reflect the need to offer the person the option to go on outings if they were well enough to do so. There were no other conditions placed on people's DoLS authorisations at the time of our inspection.

People spoke positively about the food on offer at the service and told us they were supported to maintain a balanced diet. One person commented. "The food is nice. We've discussed menu options and they cater for our preferences." Another person told us, "The food is good; no complaints." We observed the lunchtime meal on two of the units and saw that people were offered a choice of food and drink, and were shown the meal options in order to better support them to choose their preferred option. Staff were on hand to support people to eat and drink where required and their interactions were relaxed and friendly.

Kitchen staff had information about people's dietary needs, for example whether they required a soft diet, or information about any known food allergies, which helped ensure they prepared people's meals appropriately, to meet their individual needs. Records showed that appropriate advice had been sought, for example from a dietician where people were at risk of malnutrition, or a speech and language therapist where they were at risk of choking. Staff we spoke with were aware of people's dietary requirements and the support they needed to eat and drink safely.

People were supported to maintain good health and had access to healthcare services when required. Records showed people had regular access to support from healthcare professionals including a GP, district nurse, dietician, optician and podiatrist when required. One relative told us, "The staff are very proactive in getting support when needed; [their loved one] has seen the GP frequently because they've been unwell."

We spoke to a GP who visited people at the service on a regular basis and they confirmed staff kept them well informed about people's healthcare needs. They commented positively on the standard of care and the continuity of staff on each unit, telling us, "Staff often pick up on issues more quickly than I would because they know people here well." A visiting healthcare professional also commented positively, describing staff as being, "On the ball. " We also spoke to another healthcare professional who worked with staff at the service in the rehabilitation unit and they told us, "We work well together [with the staff]. They're very approachable and have a good focus on working to meet people's rehabilitation goals."

Good

Is the service caring?

Our findings

People and relatives we spoke with confirmed that staff at the service were caring and compassionate. One person told us, "The staff here are kind and friendly." Another person said, "I'm well looked after; the staff here have a positive attitude and we get on well." A relative commented, "The staff are lovely; I can't praise them enough." Another relative told us, "The staff are very caring and family orientated."

We observed numerous positive interactions between staff and people throughout our inspection. The atmosphere at the service was welcoming and relaxed, and it was clear that staff had a clear interest in people's wellbeing. Staff demonstrated consideration, patience and understanding when offering support and we noted that people responded positively to their approach. The registered manager explained that the service had also implemented 'Kindness Awards' for staff to celebrate examples of where staff had been particularly caring in the support they provided. For example one staff member had won an award for staying with a person receiving end of life care after their shift had ended, in order to provide them with comfort in their final hours.

The registered manager also told us that they had a consistent and stable staffing base with many staff having worked at the service for a number of years. We saw that people had built strong relationships with the staff that supported them. Staff were familiar with the needs of the people they supported, and spent time engaging with them in meaningful conversations about their interests and the things that were important to them.

People were treated with dignity and their privacy was respected. One person told us, "The staff are great; they always knock before coming in [to their bedroom]." Another person said, "Staff are polite. I've had no issues with privacy." A healthcare professional who regularly visited the service told us, "Staff treat people well. They are respectful and friendly and don't treat people like children; I've never seen any condescending behaviour."

Staff we spoke with were aware of the importance of respecting people's privacy. They were aware not to discuss people's needs or conditions in public and knew the action to take to promote people's privacy when providing them with support. One staff member told us, "I always knock on people's doors before entering their rooms. If I'm supporting them with personal care, I'll make sure the door and curtains are closed, and I'll be clear to discuss the support I'm offering so people are at ease."

People and relatives, where appropriate, were consulted about their care and support needs. People confirmed that staff discussed their care needs with them on a regular basis. One person said, ""I haven't seen my care plan but staff ask me all the time what I want, how they can help me." One relative told us, "If we ask staff to do something, it's done." Staff told us they involved people in day to day decisions about their care and treatment wherever possible by offering them choices, for example about what they wished to wear, or the way in which they received support with personal care.

People's diverse needs were taken into account by the service. The registered manager told us that they

would always seek to support people in accordance with their needs with regards to their disability, race, religion, sexual orientation or gender. We noted that a vicar made regular visits to the service in support of people's spiritual needs and staff we spoke with told us the service was prepared to support people's specific cultural requirements, for example dietary needs, if required.

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their individual needs. One person told us, "The staff are pleasant and know exactly what to do to help you." Another person explained that they liked to be independent but because their needs had changed due to their medical condition, staff now supported them with some personal care tasks. They explained that staff were, "There when I need them," but that they weren't intrusive.

The registered manager told us that people's needs were assessed prior to their admission to the service, except in emergency cases where the commissioning local authority needed to place a person at the service urgently in the interests of their safety. They explained that this assessment was used to determine whether the service would be able to provide each person with appropriate support.

Records showed that individual care plans had been developed for people in areas including mobility, eating and drinking, medicines management and personal care. We also noted that care plans had been developed where required to manage people's medical conditions, for example epilepsy or wound management. The care plans we reviewed provided clear guidance for staff on how to meet people's needs and we noted that they had been reviewed on a regular basis to ensure they reflected the support people currently required.

People's care records included information about their life histories and the things that were important to them, as well as details about their preferred daily routines. People confirmed they had been involved in discussions about their care planning. One person said, "The team leader discusses my care plan with me regularly." Another person told us, "Yes, I have a care plan and I've reviewed it with staff." Staff we spoke with were aware of the details of people's care plans and could describe how they supported people in accordance with their preferences.

People were able to take part in a range of activities in support of their need for social interaction and stimulation. Activities on offer included chair based exercise sessions, bingo, darts, quizzes, one to one sessions and entertainment including visiting singers and musicians. The service also had a small tavern and cinema room for people to use at different times. People spoke positively about the activities on offer. One person told us, "I enjoy it all; terrific." Another person said, "There are always things on to do; it's good." We observed staff spending one to one time with people on the day of our inspection, and noted that the atmosphere in the communal areas was lively and positive throughout as people discussed current events, or were supported to have their nails painted.

The registered manager explained that the service had implemented 'Together for ten' time each day which was a fixed ten minute period where all staff took a break from the duties to spend time engaging with people. This helped to further improve social engagement and prevent isolation where people preferred to spend time in their rooms.

People also received support from staff to take part in special events or achieve important lifetime goals. For

example the registered manager had supported one person to get married which was something they'd attempted to do previously before moving into the home, but had been unable to due to ill health. In another example, staff supported two people to celebrate their wedding anniversary.

The provider had a complaints policy and procedure in place which was on display within the service for people to refer to if needed. People told us they knew how to raise a complaint and expressed confidence that any concerns they raised would be addressed promptly and appropriately. One person said, "I'd just talk to [the registered manager]; she would sort it out." This comment was reflective of the views of all the people we spoke with. The registered manager confirmed they had not received any formal complaints during 2016 but that three complaints had been dealt with informally.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives gave us consistently positive feedback about the leadership of the service and the registered manager. "One person told us, "[The registered manager] has been very supportive; I'm happy." Another person said, "The manager is always around and happy to chat. I feel that she listens to what I say. Any little things I've mentioned, she's acted upon." A relative commented, "The service is well run. The manager takes time to sit and talk with everyone; she's a very visible presence within the home." People were also highly complementary of the service they received. One person told us, "This is a good as you're going to get." Another person said, "I'm lucky to be here. I couldn't be in a better place."

The registered manager had been in post since 2013 and demonstrated a good understanding of the responsibilities of a registered manager and led by example. One staff member told us, "The manager is so good. She still does personal care; if we are short of staff she will be there. She motivates staff. If I become a manager one day I will definitely do that." This was reflective of the feedback we received from other staff, who all made reference to the registered manager motivating them to do well in their roles.

Staff told us that the management team had developed a positive working culture which was open and inclusive. One staff member told us, "We're encouraged to work as a team and be open about any issues. If we make a mistake or anything goes wrong, I feel we can be candid about it. The focus will be to learn lessons rather than look to blame individuals. I'm very happy working here." We saw examples of action that had been taken by the registered manager which confirmed this comment. For example, where issues had been found in some people's wound management records, additional training had been identified and commissioned to help drive improvements. A senior carer also told us this openness was present in other smaller team meetings, where she could speak with carers about anything that needed improvement, or challenging situations, as well as tell people when they had done a good job.

Visiting healthcare professionals also commented positively on the management of the service. One healthcare professional told us, "The service is well managed from the top down. Staff understand their roles and work well as a team to meet people's needs and goals." Another healthcare professional explained that they had noticed the consistency of the management team which they felt made the home work well.

The service had a positive culture that was person-centred. People were empowered to be involved in the day to day running of the service where they wished to do so. For example, we noted that one person had been part of the interview panel when interviewing new staff. The regional manager told us that their involvement was often a good indicator of whether an applicant was suitable, as it was important that staff were able to maintain a good dialogue with the people they supported. The home had also developed a resident's representative post whose role included involvement in supporting other people to contribute feedback on aspects of the service, as well as leading on some activities. The resident representative post was also involved in supporting staff in areas such as devising the staff rota, to make sure the correct number of each type of staff were assigned on each shift.

In other examples of the way people were empowered to be involved in running the service, people were

supported by staff to answer calls in the reception area when they wished to do so, or supported staff to prepare the dining areas at meal times. One person we spoke with told us they enjoyed being able to contribute to the service in this way and that it kept them active. We observed another person proudly explain how they had a job to do in the reception area.

The vision and values of the service had a strong person-centred approach, putting people at the heart of the service. The provider's values were on display within the service and included a focus on delivering personalised care, treating people with dignity and respect, supporting people to live contented happy lives, and building rewarding careers for staff. Throughout the day of our inspection we noted that staff demonstrated a clear commitment to meeting these values. We received several comments from staff reflecting on the fact that the service was the home of the people living there, and not just their place of work. A staff member told us "it's their home, we just work here." They explained that they took this into consideration to ensure people were supported in the way they would want to be themselves. People we spoke with also commented positively about this. For example, one person told us, "It's like being in your own home, that's the best thing about living here. You can do the things you want to do; the carers say, 'It's your own place so you do what you like.'."

The provider and registered manager demonstrated a positive commitment to developing staff, in line with the values of the service. The regional manager of the service had previously been the registered manager, and the current registered manager had worked her way up to the position from within the service. At the time of our inspection a senior care worker was acting up as a team leader, and had been encouraged and supported through supervision to access training on people management. We also met an ex-staff member who was visiting the service who told us they had worked as a kitchen assistant, carer and deputy manager at the service before moving on to be the manager of another home and they spoke positively about the support they had received from the registered manager in terms of their professional development.

The registered manager held daily meetings with staff to ensure the smooth running of the service which included discussions on areas including updates on people's conditions, the daily management of the kitchen, housekeeping on each of the units and information about any admissions or discharges. Staff we spoke with also confirmed they attended regular staff meetings where they received feedback on any areas of running the service that required their focus or could be improved. The minutes from recent staff meetings showed areas for discussion had included a discussion on training, feedback about the completion of documentation, the use of equipment and a reminder to staff to ensure the offered people choices at mealtimes if they refused what was initially on offer. We saw that these discussions had been effective in driving improvements. For example, we observed staff arranging an alternative meal for one person on the day of our inspection when they initially refused what was on offer.

The provider had quality assurance systems in place which helped identify issue and drive improvements at the service. Audits and checks had been conducted in areas including clinical information, care planning, the residents experience, medicines and environmental checks. We saw action had been taken to address any identified issues. For example people's personal emergency evacuation plans had been moved to a central 'grab pack' which was readily accessible to staff in the event of an emergency following a recent audit of people's care plans. In another example we saw a faulty handset on one person's profiling bed had been promptly replaced following a recent check. A staff member told us how they looked forward to learning from audits of care plans conducted on their unit, and how the audits helped them to improve the quality of their work. For example the staff member had not identified a person's preference on their sleep care plan which was relevant but mentioned elsewhere in records. This was identified by the audit and they said they ensured care plans were consistent for other people in their care. They also looked forward to positive feedback.

People and relatives, where appropriate were encouraged to express their views about the service at regular residents and relatives meetings, and through the completion of an annual survey. Minutes showed that areas discussed at recent meetings had included the activities on offer at the service, the cleanliness of communal areas and menus. We saw action plans in place and action had been taken where issues had been identified at meetings. For example, a new vicar had been introduced to the service after discussion at residents meeting when the previous vicar had left.

The results from the last annual survey showed significantly high levels of satisfaction with the service people received. Where any concerns had been noted, we saw action had been taken. For example the registered manager had identified activities as an area which required improvement based on the survey feedback and had recruited a new activities co-ordinator and people confirmed this was an area which had improved.

The service was continually striving to improve. The registered manager also showed us a questionnaire she used to obtain feedback on the experience of people who had stayed on the intermediate care unit, which she had designed because the people on this unit were short stay residents and therefore did not get the opportunity to take part in the annual survey. The results of this feedback were reviewed by the registered manager and we noted that she had already taken action in response to one negative comment. However, the rest of the feedback received was positive, with people commenting that their rehabilitation goals had been met. One person had commented, "I can walk now." Another person stated, "I am rested and have more energy." The questionnaire asked people to submit feedback regarding any improvements the service could make and we saw that the vast majority of people responded 'No improvements needed'. One person had made some comments about the environment, but had also noted that by the end of their stay the issues had been resolved.

We also saw that the service had sought to implement positive innovations in response to people's views. For example, records showed the people's feedback had been sought about their preferred time for the main meal within the service and we saw that people had agreed to trial having their main meal in the evenings rather than at lunchtime. The registered manager told us that this had resulted in people suffering fewer falls and some people getting a better night's sleep. However, the change of time did not agree with everyone so further changes were made to accommodate people's views. At the time of our inspection the service was catering for main meals at different times of the day on different units, in accordance with people's preferences and people and relatives we spoke with commented positively about this. These changes had also won the service the provider's award for innovation within a service in 2015.