

The Paddocks Care Home Ltd

The Mayfields Care Home

Inspection report

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Date of inspection visit:
23 May 2017
24 May 2017

Date of publication:
20 June 2017

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

The inspection took place on 23 and 24 May 2017 and was unannounced.

The Mayfields Care Home provides residential care for up to 60 older people. Accommodation is over two floors. At the time of our inspection, 18 people were living in Primrose which was located on the ground floor. The first floor, entitled Bluebell, supports those living with dementia and 29 people were living there at the time of this inspection. The home had a number of communal areas and outside spaces.

The home did not have a registered manager in post at the time of our inspection although one had been recruited and was due to start. 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 home was being managed by two unit managers with the support of senior management.

The service had procedures in place that minimised the risk of employing people not suitable to work with those that used the service. Staff received regular training and supervision, had their competency to perform their role regularly assessed and told us they felt supported.

There were enough staff to meet people's needs in an individual manner and we saw that staff worked effectively as a team. The culture of the home was positive, open and transparent with a warm and friendly approach. Staff morale was good.

People told us that all staff were kind, patient and compassionate and went out of their way to provide help and support. They told us that staff were prompt at meeting their needs and we saw that staff were quick to support those who were becoming distressed or upset.

Staff were discreet when supporting people with their personal care and maintained their dignity. Their approach was a respectful one and they considered people's level of independence. Choice was encouraged and supported.

Procedures were in place to help protect people from the risk of abuse and staff had knowledge in safeguarding people. The risks to individuals had mostly been identified, assessed and managed. The risks associated with the premises had been effectively managed and preventative measures were in place including a plan for adverse incidents. Accidents and incidents were recorded and used to mitigate future risk and occurrences.

People received their medicines as prescribed and medicines administration and management followed good practice guidance. However, although no harm came to any of those living in the service, there were discrepancies in regards to the auditing of medicines.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff had received training in the MCA and had good knowledge of it. Where there was doubt over a person's capacity to make a decision, this had been assessed and best interests decisions made as appropriate.

People had been involved in the planning of their care and they received a person centred service. Care plans were in place that gave staff guidance on how to support people. These were individual to each person, accurate and had been reviewed on a regular basis.

People's nutritional needs were met and they had a choice in what they had to eat and drink. We saw that people had plenty of drinks available and were encouraged to ensure they had a good fluid intake. Access to a variety of healthcare professionals was in place.

The service provided a number of activities that were varied and catered for those that liked both group events and individual support. People were encouraged to take part and contribute to the planning of them.

The provider had an effective and robust system in place to assess, monitor and improve the service. This ensured a good quality service was delivered. Senior managers had good oversight of the service and were motivated to continually improve and develop the experiences of those that lived at the home. Plans were in place to further develop the environment.

People were complimentary about the service, staff and senior managers. They told us they were well cared for, supported and that the service was proactive at ensuring their happiness and comfort. They told us their feedback was sought and that they were listened to. People told us that they would recommend 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 told us they felt safe living at The Mayfields Care Home and that there were enough staff to meet their needs in a timely manner.

The risks to those that used the service, and others visiting the home, had mostly been identified, mitigated and managed.

People had received their medicines safely and good practice guidance was followed.

Is the service effective?

Good ●

The service was effective.

People benefitted from receiving care and support from staff that were trained, supported and supervised.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and had a good knowledge of it.

People told us that their wellbeing and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us the service was a caring one with staff that demonstrated respect, discretion and patience.

The service promoted people's dignity and encouraged independence and choice.

People were fully involved in the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

People received individual care that had been assessed and regularly reviewed to ensure it continued to meet their needs.

The service provided a range of activities and people were given the opportunity to be involved in the planning of them.

The service had an effective complaints policy in place.

Is the service well-led?

The service was well-led.

The home had a positive and open culture that was welcoming, friendly and supportive.

Senior managers had oversight of the service and effective systems were in place to monitor and help improve the quality of the service.

The service had engaged with the local community in order to help improve the experiences of those living with dementia.

Good ●

The Mayfields Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 23 and 24 May 2017 and was unannounced.

The first day of inspection was carried out by two inspectors and two expert-by-experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second day.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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. We also contacted the local authority safeguarding team, the local authority quality assurance team, a GP surgery and four healthcare professionals for their views on the service.

During our inspection we spoke with eight people who used the service, two visitors and two healthcare professionals. We also spoke with the provider's representative, the regional manager, the quality assurance coordinator, the care services manager, the two unit managers, the head of housekeeping, the maintenance person, the second chef, four senior care assistants and two care assistants. We observed care and support being provided to the people who used the service, lunch being served and activity sessions. 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 with us.

We viewed the care records for eight people and the medicines records for six people who used the service. We also looked at records in relation to the management of the home. These included the recruitment files

for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

Is the service safe?

Our findings

Those that used the service, and their visitors, told us they felt safe living at The Mayfields Care Home. One person said, "I feel absolutely safe." Another told us, "Yes, I'm safe". One visitor we spoke with explained, "Yes, [person] is safe being here, I haven't had anything to be concerned about." Another visitor said, "I visit regularly and I feel [person] is safe."

The service had processes in place to help protect people from the risk of abuse. Most staff had received training in safeguarding vulnerable adults and those we spoke with had a good knowledge of how to identify and report potential signs of abuse. They told us they were confident that the service would appropriately manage any concerns they may have. Staff were also able to tell us how to report any concerns outside of the organisation. On addition, the service had a whistle blowing policy in place and staff told us they were aware of this and the associated procedures.

The service had mostly identified, mitigated, reviewed and managed the risks to those that used the service. These included where people were at risk of falls, pressure areas, choking and the use of moving and handling equipment. However, the service had not fully mitigated the risks around the open access to prescribed topical creams kept within people's rooms. Whilst risk assessments were in place for those that were prescribed the creams, the service had not mitigated the potential risk to others that may enter the person's room and who lacked capacity. Whilst no one had come to harm as a result of this, the potential risk for ingestion for some people was evident. For another person, we saw that they were struggling to eat and drink. Whilst the service had referred them to a health professional regarding this, no further action had been taken to fully mitigate the potential risk present. We brought this to the attention of the unit manager who immediately rereferred the person to the appropriate healthcare professional.

Staff had good knowledge of how to comfort and calm people who may become distressed and present with behaviour that may challenge or harm themselves and others. Through discussion, staff were able to describe how to diffuse situations they may be faced with in order to ensure people were safe and supported. For example, one staff member told us how they initiated a discussion about one person's past employment as they understood this helped the person to remain calm and reassured. For another person, a second staff member described how they eliminated possible causes for the person's escalating behaviour. This helped them to identify what was causing the person distress and therefore action whatever was required to reassure and comfort them. We saw from the care plans we viewed that written guidance was also available in relation to how best to provide support to people who may become distressed.

The risks associated with the premises, equipment and working practices had been identified and managed appropriately to help protect people from the risk of harm. These included the risks associated with each aspect of the service such as the laundry process, housekeeping and catering provision. Regular servicing and inspection of equipment had taken place and preventative measures had been taken in relation to the premises and equipment. For example, regular visual checks were made of fire extinguishers, bed rails and door closures on the sounding of the fire alarm. The risks associated with the potential outbreak of fire and Legionnaire's disease had also been identified and appropriately managed. Plans were also in place in the

event of adverse incidents such as loss of utility services, staff shortages and severe weather.

Accidents and incidents had been robustly recorded, managed and used to mitigate future occurrences. We saw that appropriate immediate and subsequent actions had been taken in order to mitigate risk of harm to people. An overview and analysis of all accidents and incidents was in place and this helped to identify, and mitigate, any potential patterns or contributing factors.

Processes were in place to help protect people from the risk of employing staff that were not suitable to work at The Mayfields Care Home. This included potential staff being interviewed by two current senior staff, gaining references and seeking identification. The service also completed Disclosure and Barring Service (DBS) checks which help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

All the people we spoke with told us there were consistently enough staff to meet people's needs. One person who used the service told us, "You just press your buzzer and apart from busy times – getting folks up and lunchtime – staff come quite quickly." Another person said, "The staff are always around. You just press your buzzer." A third person explained, "There's no problem. I just ring my bell when I need something." Visitors agreed. One told us, "If I go and ask staff for help [for person who used the service], they come straight away." Both of the healthcare professionals we spoke with at our inspection agreed that there were staff available.

During our inspection we saw that there were staff available to meet people's needs in a timely manner and that staff quickly comforted people who became upset or distressed. We saw that staff were consistently present in communal areas and around the home. Staff regularly engaged with people and provided the support they required.

We looked at the medicine administration record (MAR) charts and associated documentation for six people who used the service. This was to see whether they supported the safe administration and management of medicines.

We saw that, in most cases, people had received their medicines as the prescriber had intended and that the service had followed good practice guidance in the management of medicines. Medicines identification sheets were in place for people that helped to mitigate the risk of administration errors. These also gave staff information that assisted them in providing a person centred service to medicines administration. In all except one case, these were accurate. MAR charts were legible and accurate and, except for two medicines for one person, complete. For this person we saw that they had not received two separate medicines for one day. When we brought this to the attention of one of the unit managers, they immediately investigated the concern and took appropriate action in response.

Where people were prescribed medicines on an 'as required' basis, information was available to staff that helped ensure people received these medicines safely and appropriately. Where people were prescribed topical medicines, administration instructions were in place and we saw that these were mostly complete. Where people had been prescribed insulin, we saw that this was stored correctly and that charts were in place that gave information on the rotational administration of the medicine. Additional charts to record the application and removal of skin patches were also in place.

The service had audited the amount of medicines stock in place for each person however, for the three medicines we checked, discrepancies were identified. We brought this to the attention of the regional manager and unit manager who immediately investigated the discrepancies to ensure no medicines errors

had occurred. The investigation concluded that people had received their medicines as prescribed and that the anomaly was a recording issue.

Is the service effective?

Our findings

All those we spoke with told us that the staff had the skills and abilities to provide appropriate care and support to those that used the service. People told us that they had confidence in the staff working at The Mayfields Care Home.

We asked people who used the service whether their needs were met by staff that knew what they were doing. One person answered, "Of course. The staff look after me well." Another person told us, "Oh yes. I have a lot of confidence in the staff." Whilst a third person said, "Oh yes, absolutely. Very good." One visitor we spoke with said, "Yes, the girls [staff] are good. I have not had any concerns." The other visitor told us, "Staff seem to have the skills by the way they talk to [person]."

Staff received an induction when they first started in their role and we saw that this was recorded. Those staff we spoke with told us that they had received enough training to meet the needs of those people living in the home. The training records we viewed confirmed this and showed that staff received training in such topics as first aid, understanding dementia, manual handling and food hygiene. Records showed that future training sessions had also been booked.

Staff told us that they felt supported in their roles and received regular supervisions with their line managers. They told us their competency to perform their role was regularly assessed. Records confirmed that the service provided regular support and guidance to staff and that observations of practice were made. During our inspection we saw that staff performed their role as trained. For example, safe practice was observed in relation to moving and handling and we saw staff appropriately interact with those living with dementia.

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 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 had good knowledge in relation to this, giving people choice and acting in their best interests. We observed this during our inspection. DoLS had been appropriately completed and submitted although at the time of our inspection none had been processed.

Where there was doubt over a person's capacity to make a decision, we saw that the service had assessed this. Decisions that had been made in people's best interests were also recorded. Where others had legal

authority to make decisions on behalf of people, appropriate documents were in place. One care plan we viewed did not clearly and consistently record this however, in practice, we saw that the legal representative had been fully involved in the decisions around the person's care and support.

People told us that they had enough to eat and drink and that they were given choice. They told us that food and drink was available whenever they requested it and that their needs were met in relation to nutrition. One person who used the service said, "The food is good. We get a choice of meal at lunchtime and at teatime there's often four choices. If you want anything, like a drink, cake or biscuits you just ring your bell and staff fetch it." Another person said, "The staff have learnt to give me small portions which is so much better." However, two people told us they would like more variety in the food options. One person who used the service said, "Oh yes, there's enough food but a lot of it is the same. I would like some different flavours and a bit more creativity." The second person told us, "The food is variable. Quite boring. I suppose it's difficult to be creative in a place like this."

We spoke to the second chef about how the menu was set. They told us, and showed us records that demonstrated that they had regular discussions with those that used the service in relation to the menu. Through discussion, they showed that they were familiar with people's specific nutritional needs and had knowledge in catering for those with certain medical conditions. Records were in place in the kitchen that corresponded with people's nutritional needs held within their care plans.

We observed lunch being served, on both floors of the home, on one day of our inspection visit. We saw that people had choice in where they took their meals and that the home had a number of areas where people could eat. People were encouraged to make mealtimes sociable experiences and we saw that this was the case. There was a menu on display and we saw that this reflected what was on offer. To aid choice, staff showed some people plated food of the options available. Where people required specialist diets we saw that this was delivered. For those that needed assistance, this was provided and in a dedicated and dignified manner. Throughout our inspection we saw that people had drinks available and were regularly offered more together with any support required.

People had access to a variety of healthcare professionals and we saw that appropriate referrals were made as required. One person who used the service told us, "We have access to the GP, chiropodist, optician if you need it and the dentist also." A healthcare professional told us that staff knew those that used the service well, were proactive in preventative care and followed their recommendations. They told us they had no concerns in relation to staff meeting people's healthcare needs but felt communication could sometimes be improved. They gave an example and told us that information on a person's symptoms wasn't always consistent from staff members.

The home was spacious with easy access, level flooring and adequate lighting to aid mobility. Access to outside areas was available and there were a number of communal areas where people could spend time with their family and friends and participate in activities, meetings or have a quiet space to themselves.

For those living with dementia, we saw that their home was spacious, arranged around a continuous circle and that their bedroom doors were painted in different colours to aid orientation. Contrasting colours were used for handrails, walls and carpets which also helped those who found it hard to see three dimensional objects. However, we saw that there was little signage in place to further help people orientate themselves and where this was in place, these were in written form with no pictorial images. Further, no contrasting colours were used in bathroom fittings which may help people see, and use, these better. We saw that some people had photographs on the doors to their rooms which helped them to guide their way back but further identifying images and objects may have helped further.

Is the service caring?

Our findings

People spoke of a caring service that consistently provided staff that were kind and compassionate. Those that used the service told us that staff made time for them, that they felt listened to and had their preferences met.

One person who used the service told us, "The staff are kind and caring and listen, no problems." Another person said, "Oh yes, the staff are very good. Believe me nothing is too much trouble." A third person explained, "I'm looked after very well." The visitors we spoke with agreed. One told us, "Staff are very caring. ... they always have time for a chat." The second visitor said, "The staff are kind and [person] is looked after; there is no doubt about that."

Our observations during our inspection confirmed that staff interacted with those that used the service in a respectful, warm and reassuring manner. We saw one staff member gently stroke the face of a person while assisting them to have a drink. The staff member was sat next to the person, at eye level and providing verbal and physical assurance and comfort whilst providing the support needed. Another staff member was seen compassionately stroking a person's hand before communicating with them.

Consistently throughout our inspection we saw that staff were quick to respond to people who were becoming upset. For example, we saw one person begin to get distressed whilst staff were assisting them to mobilise by using a piece of moving and handling equipment. We saw that staff were quick to identify and acknowledge this and take action to comfort the person. This was done by stopping the manoeuvre, explaining what they were doing and guiding the person through the procedure ensuring their wellbeing. A healthcare professional also told us that staff were good at comforting people when they were delivering treatment. They told us staff chatted amicably with people and explained what the healthcare professional was doing in order to keep them informed and reassured.

Staff demonstrated through discussion and observation that they knew the needs of those they supported. Staff were able to tell us the life histories, likes and preferences of people. We saw that when one person started to become agitated, staff understood what the person wanted even though they were not able to verbalise their need. People's care plans also contained information on their lives, interests and family circumstances which helped staff build meaningful relationships. We saw that spiritual and cultural needs had also been captured.

People told us their dignity was maintained and our observations confirmed this. We saw that care plans took this into account and recorded ways in which staff could promote people's dignity and privacy. During our inspection we saw that staff were discreet when supporting people with personal care and that doors were closed when assisting people. We saw one staff member compassionately support a person to wipe their face with a napkin to ensure no food debris was visible.

Independence was encouraged and most people we spoke with told us staff promoted this. One person who used the service said, "I have a stool strategically placed so I can assist myself [as much as possible]."

Another told us, "Yes, staff encourage me [to be independent]." Support with making choices was actively encouraged and we saw a number of examples of this. One person who used the home also told us that staff supported them to have their room personalised with their own pictures and objects. A visitor to the home told us, "The staff open the wardrobe and help [person] choose their clothes." Throughout our inspection we saw that people were offered choice including in how they spent their day, whether they joined in with activities and what they had to eat and drink.

We asked the people who used the service whether they had been involved in the planning of the care and support they received. One person told us, "I was indeed." Other people told us they had been involved with the help of their families. Our observations confirmed that people were in control of the support they received as staff gave them choice and requested their consent before delivering assistance. Some care plans we viewed also recorded people's involvement in reviews of their care.

The home encouraged those that used the service to have visitors. There were no restrictions on visiting times and visitors told us that they called on their friends living in the home whenever they chose. One visitor said, "There is an open door policy, I never say when I'm coming." We saw that there were a number of areas, both inside and out, where people and their visitors could find privacy away from their private rooms and that refreshments were available at all times. Secluded, comfortable seating areas were in abundance and arranged to encourage interaction.

Is the service responsive?

Our findings

People told us that the service met their needs in a person centred manner. One person who used the service said, "Absolutely [the service meets needs]. I can't think of anything I would want staff to do that they don't." Another told us, "The staff give very good care." A third person said, "Yes, the service meets my needs because staff do what I want them to do." The staff we spoke with told us they had time to support people's individual needs and that they were able to deliver a person centred service.

Where people had personal preferences, they told us these were met. One person who used the service told us, "What I want is pretty much kept to." Whilst another person said, "The staff do what's asked of them." Others told us that staff assisted them at a time of their choosing, particularly around retiring to bed. One person said, "I go to bed when I want to. Sometimes I'm still sitting here watching television at 11pm but no one minds. The staff just help me whatever the time. The staff are very good." Another person explained, "If I don't want a male staff member, I can ask for a female one. I like to go to bed around 9pm. I ring the bell and staff see me into bed when I'm ready."

We viewed the care and support records for eight people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. We saw that care plans were individual to people, accurate and had been reviewed on a regular basis with the involvement of people and their relatives as appropriate.

We saw that staff delivered the care and support recorded in people's care plans and that they accurately reflected their needs. Care plans were arranged in a way that made it easy for staff to locate relevant information and a summary of people's needs was in place to assist them. However, these summaries were not always accurate although we found detailed care plans contained up to date and correct information. Care plans covered all aspects of a person's needs such as communication, safety, personal care and social needs. For all except one person, we found that care plans were in place for specific medical conditions and that these gave guidance to staff on how best support the person with this need.

When we brought the lack of a care plan for one person to the attention of the unit manager, they ensured this was rectified before the end of our inspection. A senior care assistant had also demonstrated that they understood the person's needs in relation to this medical condition.

For one person with complex needs, we saw that staff delivered the recorded and planned care. The person had specific needs in relation to their physical abilities and had the capability to use one side of their body better than the other. We saw that this was reflected in their care plan and that staff considered this when providing support. For other people we saw examples of where the individualised recorded support was delivered by staff. For one person this was in relation to how they spent their day whilst another person had received the care a healthcare professional had recommended. Where people required repositioning to prevent skin break down, regular checks to ensure wellbeing and safety or regular continence support, we saw that this was delivered.

Observations showed that staff met the individual needs of those that used the service. We saw one staff member understand the facial expressions and hand gestures that one person used to communicate. We saw another staff member quickly assist a person who required personal care. Throughout our inspection we saw that staff were prompt at meeting people's needs.

We had a mixed response when we asked people if their social and leisure needs were met. One person said they would like the opportunity to take trips out away from the home more. Another said, "There could be more to do but it's difficult to please [everyone], very difficult." Others told us that they were happy knitting, reading, writing and participating in the activities provided. However, people acknowledged that the service provided a number of activities and that there were regular opportunities to contribute ideas. One visitor we spoke with felt there was enough stimulation for those living with dementia but that those living in the residential area of the home required more. A second visitor suggested more objects and activities needed to be around the home for people to interact with.

Throughout our inspection we saw that there were two dedicated members of staff providing a range of activities and interactions with people. Activities were offered in a group setting as well as on a one to one basis. We saw activities take place that included an exercise class, planting seeds, reading the newspaper, singing, watching a film and throwing a ball around for physical stimulation. We saw that people clearly enjoyed these activities and that the atmosphere was upbeat and happy. We saw people smiling, clapping, singing and laughing whilst participating. One staff member had attached their laptop to a large TV and was showing people personal photographs from a recent celebration. We saw that people shared in the staff member's joy.

Word puzzles and an activity planner were also made available throughout the home and we saw a meeting taking place specifically around activities. We saw that this was well attended, engaging and encouraging. People were involved in the planning of activities and encouraged to make suggestions and participate.

None of the people we spoke with had a reason to complain. One person who used the service had raised a concern in the past and told us the service had resolved this to their satisfaction. They said, "[Unit manager's name] is excellent and the person I would speak with [if they had concerns]. They are very easy to talk to, are understanding and always sorts things out." Another person told us they had been made aware of how to raise a complaint but told us, "I haven't had reason to complain." A third person said, "I have no complaints. Management are happy to listen to suggestions here."

The service had a complaints policy in place and this was on display within the home. Where complaints had been made, we saw that these had been logged, investigated and responded to in an appropriate and prompt manner.

Is the service well-led?

Our findings

The people who used the service told us that the home was well managed, that managers were accessible and that they were encouraged to make suggestions in order to improve the service. Everyone we spoke with said they would recommend the home and spoke in complimentary terms about the staff employed.

At the time of our inspection, there was no registered manager in post. However, the home had two unit managers in post that, together with the support of senior managers, had been effective at managing the service. The provider had adapted the unit manager's responsibilities and working days to accommodate the management of the service and to ensure continuity of care. We also know from the information we hold about this service that they understand and adhere to their reporting responsibilities.

Those that used the service spoke well of the two unit managers and all other senior staff. They told us that the unit managers were accessible, listened to them and were proactive in their approach. Staff agreed. They told us they received good leadership and that managers were supportive and approachable. They said team work was effective, that morale was good and that appropriate communication was in place. During our inspection, we saw evidence of this. We saw unit managers and senior care assistants regularly out on the floor directing and assisting staff which ensured the smooth running of the service.

Through discussion and observations, staff demonstrated that they had a good understanding of their roles and responsibilities and this aided the effectiveness of the service. Accountability was encouraged and we saw that staff took responsibility for the support they provided to people by signing to say what they had achieved and when.

The atmosphere of the home was calm, welcoming and open. People told us that the staff assisted in ensuring this was the case. One person who used the service said, "They try to make us happy." Another person told us, "I can't think of anything I would want the staff to do that they don't do." Others described the staff as 'friendly' and 'excellent'. Staff agreed that the culture of the home was an open one.

The service had recently engaged with local stakeholders with the aim of making the local community dementia friendly. The launch event had been arranged by, and taken place at, the service in April 2017 and had been well attended by local businesses, members of the public, professionals, local clubs and those that used the service. The event had included a training session for the attendees. As a result of this engagement, the service had begun to run and manage a monthly dementia friendly café for those living with dementia and their carers. The café could be used by those who used the service as well as those who lived in the local community. The aim was to provide a safe, confidential and supportive environment for those attending.

Feedback was sought on the service on a regular basis and in a variety of ways. Those that used the service told us that regular meetings took place and that they were encouraged to voice their opinions and suggestions. One person told us, "The meetings are worthwhile." Another said, "I go to the meetings, they're helpful. It's good to get people together, be able to ask questions and get answers." A third person

explained, "I go to the meetings. They're useful for information and giving feedback."

Surveys had been completed on the service this year and had included the views of those that used the service, their relatives, staff and healthcare professionals. A comprehensive report and action plan had been created as a result that gave an overview of the findings. We saw that the plan had been updated to show that actions had been completed and that the results had been used to further improve the service.

A comprehensive and effective system was in place to regularly assess, monitor and drive improvement in the service. This included regular audits on all aspects of the service, engagement with other providers, robust senior management oversight and the provision of a quality assurance coordinator.

Regular audits had been completed in order to assess the quality of each area of the service. These included checking the quality of care plan completion, medicines management and training status of staff. The quality assurance coordinator also completed regular audits of all aspects of the service and we saw that these were robust, effective and in line with regulations. For example, we saw that their report for October 2016 showed that they had identified that more objects were required for those living with dementia to interact with. The report for November 2016 showed that a coat stand, hats, ties, handbags and scarves had been purchased. The report also evidenced the positive impact this had had on one person living in the home.

When we spoke with the quality assurance coordinator they told us of their plans for the improvement of the service and those that had already been achieved. They explained that one person who lived with dementia had worked in a clerical post. As a result, the home had purchased stationary items, a desk and a typewriter. The quality assurance coordinator described the pleasure they had felt at seeing this person interact with the items and the impact it had had on them. We also saw from one of their reports how rewarding it had been to purchase a baby doll and a pram for another person who used the service. During our inspection we saw this person interact with these items and saw how soothing this had been for them.

Through discussions with the regional manager, they demonstrated that they had a sound oversight of the service and were keen to make the service as effective as possible. They told us that even though the service was new, the provider wanted to continually improve and strive for a better service for people. They shared plans with us that demonstrated this.

A system was in place that ensured the regional manager and quality assurance coordinator had oversight of the service. This included the completion of a weekly report that covered areas of the service such as admissions, reportable events, complaints and compliments, staffing topics and health and safety concerns. Results of audits also fed into this. All of which had contributed to ensuring a good quality, safe and caring service had been delivered.

All of the people we spoke with, including staff, told us that they would recommend the service. One person told us, "I am perfectly happy here. I am settled and the countryside around is so lovely. Staff can't do enough for you." The visitors we spoke with told us they had no concerns in relation to the care and support those that used the service received.