

Westerfield House Care Ltd

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Inspection report

Westerfield House
Humber Doucy Lane
Ipswich
Suffolk
IP4 3QG

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Tel: 01473232974

Website: www.westerfieldhouse.co.uk

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

Westerfield House provides accommodation, care and support for up to 31 older people. Some people were living with dementia. There were 23 people living in the service when we carried out an unannounced inspection on 23 August 2017. This was the first comprehensive ratings inspection of this service.

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

People received care and support that was personalised to them in line with their individual needs and wishes. Staff respected people's privacy and dignity and interacted with them in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences. The atmosphere in the service was friendly and welcoming.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs.

People received their medicines safely and medicines were managed in line with the provider's policy and procedures. Clear records were maintained and medicines were stored safely.

People were encouraged to attend appointments with relevant professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies and to participate in activities of their choice. This protected people from the risks of social isolation and loneliness.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure. The service had a quality assurance system with identified shortfalls addressed promptly which helped the service to continually improve.

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.

Systems were in place to help protect people from the risk of abuse and harm. Staff knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff knew people who used the service well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People were listened to and their views valued when making decisions which affected them.

People and their relatives were complimentary about the effective relationships that they had with the management and the staff.

Is the service responsive?

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People were able to pursue their hobbies and to participate in activities of their choice including accessing the wider community on planned trips.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good ●

Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

Good ●

Westerfield House Care Ltd

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 23 August 2017 and was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met and spoke with ten people who used the service, nine relatives and a visiting health care professional. We observed the interaction between people who used the service and the staff.

We spoke with the registered manager and seven members of staff. We reviewed the care records of four people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People were relaxed and at ease in the service and with the management and staff. They told us they felt safe and protected living there. One person said, "It's very safe here. Always someone [staff] around if you need help. The home is well maintained and secure. They [staff] do regular fire safety checks; keep things in order." Another person told us, "At home I used to have so many falls but I have not had any here as staff will walk with me and that make me feel safe." A third person commented, "You feel safe here because the atmosphere is nice, they [staff] are all kind and it makes you feel happy," A healthcare professional who visited the service said, "The environment is safe and secure within a warm homely atmosphere."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures (reporting concerns of poor practice). They knew their responsibilities to ensure that people were protected from abuse and how to report any concerns internally. One member of staff told us, "I do know about abuse and I would not hesitate if I saw any going on I would report it to the management." Where required staff knew how to recognise and report any suspicions of abuse to the appropriate external professionals who were responsible for investigating concerns. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the management team, were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. People who were vulnerable as a result of specific medical conditions such as diabetes, types of cancer and dementia had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Risks to people injuring themselves or others were limited because equipment, including hoists, portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Fire safety checks were regularly undertaken, an up to date Legionella risk assessment was in place and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service require evacuating.

People and relatives told us and our observations confirmed that there were enough staff to meet people's needs. One person said, "There usually is enough of them [staff] around. Never had cause to complain or to think where are they?" Another person commented, "There seem to be [enough staff], I don't see anyone waiting." A relative added, "I can't say I've ever been concerned, there's always someone [staff] available."

Staff provided people with care and support at their own pace and were able to give people the time they needed for assistance. The registered manager explained how the service was staffed each day and that this was determined by people's needs. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how they had increased the levels of staff to support people when needed. Conversations with staff, information received from health and social care professionals plus records seen confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

Safe recruitment procedures were followed. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, including how identified risks were safely managed. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines. People received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. One person said, "There is never a problem with medication. They [staff] trust me to take it. I'm happy with that."

We heard a member of staff update a person and their relative of the changes being made by the GP to their medicines. The staff member spoke clearly to the person and their relative answering their questions and taking time to ensure the changes were understood and it was clear what they would now be taking and why. A relative told us, "With [person's] medicines staff have been very good, very patient. I've been impressed."

Staff were provided with medicines training followed up by regular checks on their practice by the registered manager. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Regular internal audits on medicines were undertaken as well as an external audit carried out by a pharmacist. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People and their relatives fed back that staff were well trained and competent in meeting their needs. One person said, "I have every confidence that here they [staff] provide the care that you need." Another person described their confidence in the staff when assisting them to mobilise. They said, "All the staff can move me safely. From my wheelchair to my armchair. Not a problem they know what they are about." This was confirmed in our observations where we saw several instances of staff moving people comfortably and safely using the appropriate equipment. Staff took their time and throughout the transfers provided reassurance and an explanation of what they were doing. This put people at ease and we saw them sharing a laugh and a joke with members of staff. A relative said, "I'm very sure they [staff] understand [person's] needs, very well trained on the equipment to support them."

Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. One member of staff said, "I think most of the training is appropriate and adequate, I do think some of it [training] could be more in depth - dementia awareness. Someone is coming in to talk to us but I would like to know more about dementia, to understand more." Staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Discussions with staff and records seen showed that they were provided with the provider's mandatory training such as safe management of medicines, health and safety and moving handling that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example dementia and diabetes. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. A member of staff told us, "The training is spot on and we have regular supervisions and team meetings to talk about things. If you need them there is a senior on shift or the manager or deputy." Supervisions provided staff members with an opportunity to meet with their line manager to explore their practice and performance. Records seen confirmed that regular supervisions and team meetings were in place.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice.

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with the MCA was available to staff in the office. The registered manager understood when applications should be made and the requirements relating to the MCA and DoLS to ensure that any restrictions on people were lawful. People's care plans contained information about the arrangements for decision making for those who lacked capacity, best interest decisions, and the decisions that they may be able to make independently.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to the care identified in their care plan. This included disclaimer records for photographs to be taken and sharing information with other professionals and for staff to assist them with their medicines.

Feedback about the food in the service was complimentary. One person said, "The food is very good, there's a menu; it's different every day."

Another person told us, "The food is excellent, they [staff] ask you what your likes and dislikes are; there's always something there that you like." A third person commented, "They'll [staff] ask you if you want to come down to the dining room. They'll say [named person] is in the dining room come and join them." A relative shared with us, "[Person] absolutely loves the food here. [Person] said the chef cooked [cultural meal] that was almost as good as my [relative's]. [Person] has their meals in the dining room; the chef comes and speaks to them."

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. A relative told us, "[Person's] weight gain was simply how they [staff] fed them. One to one, not with these build-up drinks, cakes in the afternoon, nice biscuits." Staff encouraged people to be independent using adapted aids where required and made sure those who needed support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or making referrals to health professionals.

People told us the staff monitored their health and well-being to ensure they maintained good health and identified any problems. One person said, "If I don't feel well they [staff] call the doctor to come and see me." A relative described to us how their person was supported to maintain good health, "We had so many issues at home with [person] not eating properly. The staff have had a little chat with them. The support from every member of staff is amazing." Another relative told us how the staff were alert to changes in people's health and acted quickly. Following a previous fall they said, "Straight away they phoned me to let me know what happened and although there was no bruising they were going to continue to watch them over 24 hour period to make sure and would ring us if anything changed." A third relative shared their positive experience of staff providing effective care saying, "I can speak confidently for the whole family that since my [name of

person's] been here they [staff] have managed to improve their mobility, walking them regularly."

Where staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, they had taken action to reduce the risk. This included prompt referrals to health care professionals and requests for advice and guidance. This showed us that appropriate action was taken to maintain people's health and wellbeing.

People's care records contained details of hospital and other health care appointments. Staff prompted and supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People told us they liked living in the service and were complimentary when asked about the staff approach. One person said, "I'm quite happy here. They [staff] are all very good. I feel the care is very good. They're all [staff] quite good, very kind, friendly; I regard them almost as friends." Another person commented, "Ninety five percent [care] is terrific, the odd little things. They [staff] are very, very good. Nice and friendly, they can be quite forthright to get things done." A relative shared their positive experience stating, "You build up a relationship with the carers [staff], almost a friend, somebody they [person] get to know."

There was a calm, relaxed and friendly atmosphere in the service. People were relaxed in the presence of staff and the management team. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included consideration to the language used and the amount of information given to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

Staff knew people well and understood their needs. Staff were respectful in their language, and ensured people's wishes were communicated. A relative commented, "Conversations about [person's] care is informed, they [staff] seem to meet people's needs sensitively." We saw that time was given to people, and that interactions were not rushed. Throughout our inspection we saw staff consistently interact with people in a kind and compassionate way adapting to meet their individual needs. For example, one person who had fallen asleep in the lounge area was gently woken by a member of staff at lunchtime. They discreetly asked if the person wanted to join the others for lunch as they knew this was something the person liked to do. Several people were seen laughing and joking with the staff as they enjoyed their lunch time meal.

Staff we spoke with described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and demonstrated a positive approach. One member of staff talking about the importance of getting to know people said, "We have to develop relationships [with people], sit and learn about one resident, at least twice a shift. I found out today that one [person] likes modern day musicals." Staff knew people well demonstrating an understanding of people's preferred routines, likes and dislikes and what mattered to them.

Relatives shared with us their positive experiences of how people were supported by staff to express their views and were involved in decisions about their care. One relative said, "[Person] is encouraged on a daily basis by staff to make their preferences known; what they want to wear what they would like to eat and what things they want to do." Another relative told us, "Specific [staff] know [person] well. I think there is good continuity. I come in most days and I've never heard anything other than positive interaction."

We found that people were encouraged and enabled to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. They encouraged people when they undertook activities independently and supported them to choose their

own daily routine. We saw that people moved confidently about the service choosing where and with whom to spend their time. One relative confirmed our observations saying, "The encouraging way they [staff] meet everybody's needs. They [staff] support the residents and the family; it's a breath of fresh air to see the engagement." We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved.

People's dignity and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. One relative said, "When [person's] having personal care and I'm waiting outside the room I can hear nothing but lovely chatter." They added, "They [staff] quietly take them [person] aside to respect the resident's confidentiality." Another relative said, "[person's] incontinence has been an issue, a very proud [person] who found it very difficult to ask for the help they needed for many years. They [staff] have put [person] completely at ease in terms of their incontinence. The way [the person] is now discussing the subject, they've [staff] obviously gained [their] trust enough to feel like [person] has their dignity."

People's care records had been devised according to the assessed needs of the individual. Their care records showed that people, and where appropriate their representatives, had been involved in their care planning. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to maintain friendships with others and their relatives confirmed they were able to visit at times of their choosing and were made welcome. One relative said, "They've always been delighted to see me. There's a lovely atmosphere here and all [their] friends mention it." Another relative commented, "We're very much made to feel welcome. I would say that they're lovely [staff] they go out of their way."

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us, "The staff here are so kind, you only have to press your buzzer to call them and they come ever so quick." Another person said, "I don't like wearing it [call bell], I take it if I go anywhere [bathroom]. I might buzz for a cup of tea if it's been awhile since I had one. They [staff] do respond, they'll tell me [how long they will be] if they are busy." A third person commented, "We sit and chat, watch TV, we go to bed when we're ready." One person talking about being involved in the ongoing development of their care arrangements said about the staff, "They do listen to your point of view. I asked to get up later in the morning and changed the time of my bath as I seem to have more energy later in the day. I spoke to [staff member] and they made sure this happened." Another person told us, "They [staff] ask me what sort of wash I want. I have been asked about a male or female [members of staff] and I said I didn't mind in the circumstances."

People's care records reflected the level of care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. These included feedback from family members, staff, health and social care professionals and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing. Where people had chosen to remain in their bedrooms this was respected and staff ensured they had their call bell alarms positioned within their reach should they need assistance.

We observed people participating in activities and hobbies that interested them, both on an individual and group basis throughout the inspection. For example, people were playing board games and doing quizzes as well as watching television, reading and chatting with each other and staff. One person told us, "They [staff] do come and help me do a crossword." They explained how people were free to take part in the activities or to decline if they wanted adding, "[Activities coordinator] says you don't have to join in if you don't want to."

In the afternoon after lunch several people and their relatives went to sit outside in the garden to chat and enjoy the warm weather. One person told us they were looking forward to an upcoming event, they said, "Some of us are off to Manningtree [garden] nursery this week." Another person told us they had enjoyed a recent trip to Baylham farm. A relative said, "[Person's] demeanour was woken up when they first came here. I remember saying [I thought] that they might not get much out of a trip and the staff said I think they might just enjoy feeding the ducks."

A list of activities was displayed within the service. This included planned entertainment, games, trips and arts and crafts. One person said about the choice of activities available, "There is always plenty to do if you wish." A relative told us, "[Person] absolutely loves the interaction, they [staff] lift their spirits; psychologically they make them feel better." Another relative shared with us, "[Activities coordinator] was saying we're going to start a camera club as there is a person interested in photography."

People and relatives told us that their diverse needs were met. For example one person told us how they valued being able to celebrate their faith by going to the local church. A relative shared with us, "[Person] used to be a lay reader, they always go to communion on the first Tuesday of the month." Another relative said, "They [staff] will ask [person] about their cultural needs.... They knew all about them, which directs conversations [with person and family member's]."

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided. There had been several compliments received about the service within the last 12 months. Themes included the staff's approach while supporting individuals and their family when they moved into the service. Discussions with people, staff and the management team told us that the service responded to people's comments and concerns. For example, incorporating changes to the menu and the planning and provision of activities and events, as well as individual changes to care arrangements such as times people wanted to get up in the morning or have their personal care.

People and their relatives told us they knew who to speak to if they had a concern. One person told us, "Go and talk to [registered manager] if you have any problems. I have every faith in this place and the people [staff]." One relative said, "I would speak to [registered manager]. We had a slight issue with [missing] laundry. [They] offered to refund the cost of the items to be replaced. [They] did resolve it." Talking about having confidence in the registered manager to deal with any further problems they added, "I know it would be dealt with. Certainly [registered manager] always has time." Another relative shared with us "[Person] in the past has been very vocal, not easily pleased but here they've not had any person or situation to complain about."

The provider's complaints policy and procedure was displayed within the service. It explained how people could make a complaint or raise a concern about the service they received. Records of complaints showed that they were responded to and addressed in a timely manner. People's views were valued and used to improve the service. Records seen identified how the service acted on people's feedback including their informal comments. These comments were used to prevent similar issues happening, for example providing additional training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service. Records seen confirmed this.

Is the service well-led?

Our findings

Feedback from people about the staff and management team was complimentary. One person said, "Am truly satisfied living here. If I had any problems I would speak to them [staff and management] and it will get fixed." Another person said, "In my opinion it is well run." A relative commented, "The management here are superb."

The registered manager demonstrated a comprehensive knowledge of the people living in the service. They were active and visible within the service and people and relatives were complimentary about their approach and caring manner. One relative said, "The [registered manager] has been amazing. A complete support from start to finish, meetings with social services, given us the moral support we've needed. They made us feel we were welcome from day one that we didn't have to worry about [person's] welfare." Another relative added, "[Registered manager] every day they are in. If they are not then owner's [provider] here. Even at weekends; genuine care for people."

People, their relatives and or representatives were asked for their views about the service. This included regular care reviews, daily interactions, resident meetings, communications and satisfaction questionnaires. We reviewed the minutes of the resident meetings and saw that feedback was positive. People's feedback was valued and used to make improvements in the service, such as changes to the menu and exploring activity suggestions such as exercise classes following people's comments.

The registered manager had instilled an open and inclusive culture within the service. The management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager and provider were approachable and listened to them. One member of staff said, "It's nice to know that they've [providers] got more than a financial interest. If we [staff] say we need something it's there. You don't have to justify it to the ends of the earth. Just make a simple case and you've got it. They're [providers] not watching the pennies." Another member of staff commented, "I love my job. There is a great team of people here. We work hard and support one another." A third staff member shared with us, "They're [management team] trying to meet my needs with my working hours. You can go to [registered manager and provider]. I would go to [registered manager] first but [provider] will always take an interest in us."

People received care and support from a competent staff team because the management encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated to ensure people received the appropriate level of support and were enabled to be as independent as they wished to be.

Meeting minutes showed that staff were encouraged to feedback and their comments, which were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent.

Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have handovers, team meetings and the manager and owners keep us informed of what is going on."

The service worked in partnership with various organisations, including the local authority, district nurses and local GP services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was positive. With one comment stating, "We have good communication systems in place. Staff follow the advice given."

Systems and processes to assess and monitor the service were in place. This included regular checks and audits on health and safety, medicines management, risk assessments, care plans and the environment. These highlighted shortfalls and the actions taken to resolve this. For example where the audits on medicines identified inconsistencies in records, internal communications to staff on best practice, competency checks and further training where required were carried out to address this.

The provider's quality assurance systems were currently being further developed to identify and address shortfalls and to ensure the service continued to improve. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management through the implementation of an electronic records system, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.