# Hartford Care (South West) Limited

# Bethel House

## Inspection report

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12 September 2018

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection was unannounced and took place on the 11 and 12 September 2018.

Bethel House is a 'care home' and is registered to accommodate up to 31 people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, 22 people were accommodated at the home.

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

People felt safe at Bethel House and they were very much at the heart of the service. Staff enjoyed working at the home and understood the needs of people using the service and supported people in a personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs.

The staff were responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete. The service developed and promoted community involvement within the home.

Relevant recruitment checks were conducted before staff started working at the home to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control

of their lives and staff supported them in the least restrictive way; policies and systems in the service supported this practice.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains safe. | **Good** |
| **Is the service effective?**<br>the service remains effective. | **Good** |
| **Is the service caring?**<br>The service remains caring. | **Good** |
| **Is the service responsive?**<br>The service remains responsive. | **Good** |
| **Is the service well-led?**<br>The service remains well-led. | **Good** |

# Bethel House

**Detailed findings**

## Background to this inspection

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

This inspection took place on 11 and 12 September 2018 and was unannounced. The inspection team consisted of one 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 kind of service.

Before this 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 checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people who used the service, four relatives and one visiting health professional. We also spoke with the registered manager, deputy manager, regional director, activities co-ordinator, chef and six care staff. We looked at a range of records which included the care records for six people, medicines records and recruitment records for five staff members. We looked at a range of records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from two further healthcare professionals.

We last inspected the home in June 2016 where no concerns were found. The home was rated as good in all domains.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe living in the home. One person told us, "My daughter found this home for me. I came here and it didn't take me long to settle in, I like it here now and I'm well fed, safe and cared for." Another person said, "I feel safe here". A relative told us, "My Mum chose to come here after spending a respite holiday here. After the respite we took her back to her big house where she lived on her own. She spoke to us the next day and asked if she could come back to live permanently in Bethel House as she felt safe there. We were surprised and gave her a day to see if she would change her mind, however she didn't and so we set about getting her a permanent place here. She has thrived since coming in".

People told us they felt that the staff base was consistent and there were no "new" faces in use in the home. There were sufficient staff to meet people's care needs. A health professional told us, "Always seems to be enough staff". Staff rotas were planned and reflected the target staffing ratio we observed during the inspection. We saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. One staff member told us, "We have enough staff to carry out our role. I've never had any concerns about staffing". The registered manager told us, they had not utilised agency staff for almost a year. As a tribute to teamwork she stated, "The team pull together to make sure we can cover staffing requirements".

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People benefited from staff that understood and were confident about using the whistleblowing procedure. One staff member told us, "If I felt any concerns I would report to my manager to take further. If no action taken, whistle blowing policy in place". Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

People were supported to receive their medicines safely. One person told us, "I get my tablets every day to control the Parkinson's and I get 24-hour care, but I like to be independent". A relative said their family member took their medicine with no problems and added it was, "All going well". Care plans included specific information to direct care staff as to how people should be supported with their medicines. There

were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation.

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. These included environmental risks and any risks due to health and the support needs of the person. People were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk.

Risk assessments had been completed for the environment and safety checks were conducted regularly, for example, on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. One staff member said, "We have a fire drill practice every Friday and will sometimes get asked questions and go through procedure".

The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The home was clean and tidy. One relative told us, "The place is always clean….and there's no smells!". Another relative said, "Cleaner keeps mum room nice and clean". Staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. A health professional said, "Home always seems clean and tidy".

Good

# Is the service effective?

## Our findings

Mealtimes were a positive and sociable experience for people who told us they enjoyed the food. One person told us, "The food is good here, portions are big, plenty to eat and we get a choice of two main courses". Another person said, "I do go to the dining room for lunch, but they will bring my food to my room if I wish". Other comments included, "We get a good choice of food". As well as, "Food here is good, there's a menu every day to choose from". A relative told us, "Food really good, chef tries very hard especially on birthday cakes. Happy for mum to be here".

The dining room was welcoming and tables were attractively laid out with tablecloths and fresh flowers. There was a choice of two hot meals at lunch time and people were shown a plated meal of each option so they could visually choose what they would like to eat. This made choosing much easier for people living with dementia. We observed people's needs were catered for as one person chose items from both sample plates and their request was met happily. The ambience was quiet and relaxed and most people were able to eat independently.

The staff seemed attentive and were obviously aware of the people who may have had difficulties in eating. People were encouraged to eat well and staff provided one to one support with their meal where needed. Staff were all aware of people's dietary needs and preferences. They said they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. We saw that there was guidance within people's care plans about the support to provide at meal times by staff, along with any associated risks.

We spoke with the chef who was also the nutrition champion for the home. This involved training staff and making sure the food was appropriate for the needs of the people and for those on special diets. They told us they worked in hotels before and wanted to make the dining experience at the home more like a restaurant with daily menus and tablecloths. They said, "I order all the meat and vegetables fresh every day so get quality rather than frozen. It doesn't need to be like that. I'm proud of my food made from scratch like you would get in a restaurant". The registered manager told us they were really proud of the chef and they had been nominated for the national care awards as he cooks with a passion listens to the resident's needs".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. A recent human resources report showed that all supervisions and appraisal were 100% up together and complete. One staff member told us, "Supervisions every three months. Good as get the chance to voice any concerns and give us feedback and a yearly appraisal".

People were supported by staff who had access to a range of training to develop the skills and knowledge

they needed to meet people's needs. Training records showed staff had completed a wide range of courses relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member told us, "Love my training, just done end of life training and just completed eight modules on line. Completed dementia training. Helps me a lot in my job. Can get help if needed".

New staff to Bethel House completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond.

Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were in use in the home to reduce the risk of falls for people. People had consented to the use of this equipment or it was used in the best interests of people as staff had ensured families and health care professionals had been fully involved in a best interests' decision making. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Relevant applications for a DoLs had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People's health care needs were met. A health care professional was positive about the support people received and the service were always very good at communicating concerns or worries regarding people living at the home as well as seeking advice as to the best way forward with providing care for people. One health professional told us, "I'm quite often here. Seems to be very good, carers all seem nice and service users seem happy, staff are helpful. Very good. If worried, will report".

Care records showed people had access to a GP who visited the home regularly and specialist nurses and speech and language therapists when required. Clear records of all communications with health and social care professionals were kept and informed people's care planning. A hospital pack was produced from the care plans to share important information if someone needed to go into hospital. This contained a detailed summary of the persons health needs, their medicines, if any advance care plans were in place as well as any risk assessments, general observations and how consent was gained as well as important contact numbers.

The provider was working with the local health authority and trialling a pilot on skin care. We received feedback from a health professional about the pilot who told us. "The home attends and have hosted the

managers forum that I hold. I approached the home to be part of a skin tear project which they agreed to. The skin tear project supports the home to apply the first line dressing to the skin tear. As care homes already do first aid and apply a dressing we have worked with the home to apply a dressing and complete a skin tear huddle which they share with the District Nurse and the Nurse Facilitator. This means that the resident does not have to endure another dressing change or wait for a district nurse. However, the district nurse still is the responsible person that takes overall responsibility of the skin tear". The registered manager told us this was going well and had improved working relationships with the local district nursing team.

The home had been decorated and accessorised to provide a positive and suitable environment for people who lived there. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building had good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia. One lounge area was bright and had been decorated with furniture that resembled the 70's decade with record album covers of the period. Residents were encouraged to socialise together and the design of the building supported this.

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion. All the people we spoke with told us staff were caring. One person told us, "I am very happy here, the carers are lovely and look after me well". Another person said, "I am quite happy here…. the carers take care of me and give me lots of help". A relative told us, "The girls and boys [staff] here really seem to care about the residents, which gives us confidence and peace of mind". Another relative said, "She is happy here and that makes it easy for us (the family)".

People's families told us the home was homely and they were always made to feel welcome. One person told us, "My daughter comes in every day and brings her dog, the home doesn't mind at all." A relative said, "One of us comes in every other day and we know we can come in at any time of day or night. The carers here are really lovely."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their gender preference of staff they would like to provide care for them. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing caring attitudes whether conversations were outwardly meaningful or not. One staff member told us, "I've been a carer here for eleven years. I enjoy it here, love it here, wouldn't go anywhere else. Residents come first all the time". Another staff member said, "I have been here for 11 years. I'm going to retire here, I love the place, the staff and the residents, we're a big family here".

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people' s care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. However, these were not all transferred to the care plans on line at the time of the inspection. Staff were working with people's families on producing memory boxes which contained photographs and information from the person's past to evoke pleasant memories and use as a topic of conversation.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Good

# Is the service responsive?

## Our findings

People received quality care and support that met their needs and took into account their individual choices and preferences. One person told us, "I have a good voice, but it doesn't always work so well, the carers know this and help me if I need it. I like a good laugh and enjoy the company of others too". Another person said, "I like my knitting and the carers encourage me. I have a lovely view of the garden from my window so I like to stay here and knit. Nobody minds. I've got the television too so I can keep my brain active. I tend to stay in my room most of the time, although I do go to the dining room for my lunch". A relative told us, "I have no complaints about this place. I come in to visit my husband regularly. I know he's being cared for well. Since he has been here he has become far more sociable than he was at home and now spends a lot of time out in the lounge area". A health professional told us, "Always seems to be something going on".

The provider or staff recognised and responded to people's needs for social interaction and mental stimulation. They had started a wish list which explored what activity people would like to do then arranged for that to happen. For example, one person wanted to start a fishing club and we saw photographs where a few people enjoyed a day at a local fishing lake catching some fish. For another person they wanted to visit the Isle of Wight which was arranged and another person wanted to plant some potatoes and a raised bed was brought for the garden which they could access and plant their potatoes.

The service had built strong community links with the local pre-school. A relative told us, "Mum really enjoys the pre-school, loves that". A group of children visited the home once a week. The idea is that one week the people teach the children something, the next week the children teach the people something. The Registered Manager told us, "Once a week they [children] come here and then residents visit at the pre-school. We do games, singing, planting sun flowers here. When we go to school we read stories, take about four or five residents each week around to visit school. When children visit here most of residents get involved". They also told us the focus and aim has been to spend more time in the community.

A newsletter from July and August 2018 showed a car wash took place at the home in June with staff, people and their relatives and friends raising money for charity. The provider produced a newsletter for people and their families every other month which included stories about the services and people's achievements. This helped to keep people and their families up to date with the latest information.

The activity coordinator had developed links with the local community. We spoke with the activity coordinator who told us they took people out in the community twice a week. One day they attended a coffee club along the beach and people enjoyed walking to the café. On another day they visited a club once a week where entertainment was held including singers and activities and got to interact with the local community. The home also opened its doors to the community and once a month invited the local community to have coffee with them. The activity coordinator said, "I've noticed a real change from when I came here, residents before seemed withdrawn and now outgoing and interact with me. I get people active in body and the mind".

People had a range of activities they could be involved in. One person told us, "The activities are on most

days". On the first day of our inspection the activities organiser was busy during the morning with an exercise session which was very well attended. One person said, "I did enjoy the exercises this morning although there were some that I just couldn't do". The Activity organiser who was leading the exercises spotted this and was both supportive and sympathetic and tried to amend the exercise so they could participate. The activity coordinator told us, "I love my job, it's so rewarding when you can make a resident smile".

Activities were arranged over six days. People were able to choose what activities they took part in and suggest other activities they would like to undertake. Organised activities included, singing, cupcake making, flower arranging, visits to garden allotments, dog therapy, arts and crafts, skittles, ball games, reminiscence, quizzes, and professional singers. Activities also involved days trips out in the community. A relative told us, "The activities are great, mum went out on a boat trip last week". Other day trips out included, trips to museums, the spinnaker tower and pub lunches.

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. People's care plans were comprehensive and detailed, including their physical and mental health needs. Staff had a good understanding of how to meet people's needs.

Most care plans were now available on line for staff to access. Staff were issued with a small electronic device to view care plans and record daily notes, although this was a work in progress. All the staff we spoke to felt this had really improved and felt it was very positive and gave them more time to spend with residents. One staff member told us, "I've seen a lot of changes in my time and I just love the new mini tablets [devices] we now use, it makes everything so much easier". Another staff member said, "I prefer the care plans on line. Accessible all the time, don't have to find a [paper] care plan just click on the resident's profile and you can see the assessments and care plan".

Records showed care plans were reviewed on a monthly basis, or sooner if necessary. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decisions. A relative told us, "Care plan very regular updates, called in to review. Staff use I pad, good as carry around on their belt so if any issues they can look it up". Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.

Staff training included palliative care. Staff told us how the service involved external healthcare professionals in arrangements to support people at the end of their life. For example, staff would monitor people for any signs or symptoms of pain or discomfort and refer to the GP or district nursing team. People's care records showed that they had been consulted about their end of life wishes.

The service was proactive in responding to people's comments and views. Regular resident's meetings were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. The service also sought feedback from residents and family members through the use of a quality assurance survey questionnaire which was sent out yearly. Results showed people and their families were happy with the service.

The service also used a public review site to gather feedback and implement improvements. We saw lots of positive comments on the website. One review stated, 'my mother has been at Bethel house for a while now and over the last few months, we have seen a marked improvement in her wellbeing both mentally and

physically. She is interacting more with other residents and taking part in the activities and outings provided it is lovely to see her enjoying life more. She receives excellent care and has a great relationship with the carers and staff at the home. Visitors and family are always welcome and are kept informed of any issues that may arise. Would have no hesitations in recommending this care home to others'.

A complaints procedure was available in a leaflet format and a suggestion box was in reception. All the people we spoke with told us they had not had any reason to make a complaint, but would feel comfortable about doing so. Staff knew how to deal with any complaints or concerns according to the service's policy. There had been one complaint about the service over the last year which had been investigated thoroughly and people and their families were satisfied with their response.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us an example where someone had misplaced their hearing aids in hospital. While they were waiting for these to be replaced easy read picture cards had been introduced and when their daughter couldn't speak on the phone they would send correspondence by email which the staff would then read to the person to keep them updated on their family.

Good

# Is the service well-led?

## Our findings

People and their relatives told us they felt the service was well-led. The impression was clear that the staff were proud of their workplace and many of the people and their relatives reflected this in their comments. One relative told us, "The home is brilliant, the manager and carers are all very good, they work hard to make everyone as happy as possible. From the first day we moved my Mum here it has all been very good indeed. I know I could speak to the manager if I had any complaints, but I don't have any at all!". Another relative said, "Staff are very approachable, some been here a long time and staff are supported. The manager does well in motiving the staff. I wouldn't hesitate to contact her if a concern, very approachable and on top of her job". A health professional told us, "The manager or staff regularly attends CCG [clinical commissioning groups] events and are keen to keep up with what's happening locally". Another health professional said, "The manager seems very professional. During the past two years she has demonstrated herself to be efficient and caring about her residents' well-being and safety. Bethel House is seemingly an example of a care home offering good quality care to its residents".

Staff were positive about the support they received from the registered manager. One staff member told us, "Have a great time here, this is the best place I worked so far that feels like family and fun. Manager really supportive, she encourages us to talk immediately, to speak straight away, will help cover if staff off sick". Another staff member said, "I've seen many changes over the years, all of them for the better". Other comments included, "Registered manager really good, really approachable and helps if needed". As well as, "Love the manager, lovely lady and really helps you out. I like her a lot".

Staff meetings were held regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. Minutes from a meeting in February 2018 showed employee of the month was discussed and staff were encouraged to nominate staff who had gone the extra mile for people. A yearly questionnaire was send to all staff, the last one was completed in November 2017 which showed staff were happy working at the home and felt it was friendly. One staff member told us, "Staff meeting really good, relaxed atmosphere so able to bring things up".

The registered manager, the deputy manager and senior staff used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control and health and safety. The service had a medicines champion who took the lead in the medicines audit and a recent audit completed by the local pharmacy showed actions identified had been completed. For example, to display a paraffin flammability poster for staff to be aware of the risks to creams containing paraffin. The registered manager also carried out unannounced night visits regularly to check on the quality of care overnight within the home.

In addition to the audits, the regional director visited the home regularly to support the registered manager. Part of their role and support involved carrying out a site visit during their time spent in the home. The service also had an unannounced visit by the quality team twice a year. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. Results from the

latest audit showed that not all staff had completed dementia training but has since been completed by staff.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The provider had appropriate polices in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.