The Beeches Residential Care Home Ltd

The Beeches

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Beeches provides accommodation and personal care for up to 40 older people. A number of people were living with dementia. There were 36 people living at the home at the time of our inspection.

The inspection took place on 20 October 2016 and was unannounced. The service was last inspected on 7 May 2014 when we found the provider was meeting the regulations.

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

People felt safe living at The Beeches. There were sufficient numbers of suitably trained staff available to keep people safe and meet their needs.

Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with peoples care and support. Risk assessments and management plans were in place to manage the identified risks. We found most risks were managed well.
People told us they received their medicines when they needed them. However, medicines were not always managed safely and we could not be sure creams were applied to people's skin as directed.

New staff received an induction and recruitment checks were carried out prior to staff starting work at the home to make sure they were suitable for employment.

The home had a friendly and relaxed atmosphere and the registered manager supported staff well to provide good quality care to people. People were encouraged to maintain relationships with people important to them and visitors were welcomed at the home.

We saw staff were caring and responsive to people's needs. They demonstrated good knowledge of how people preferred their support to be provided. They were patient, attentive and treated people with kindness.

People's records contained information to ensure staff had the guidance they needed to meet people's needs. People had been involved in planning their care to ensure they received care and support that met their preferences, likes and dislikes.

The managers and staff understood their responsibilities under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom.

People made everyday decisions for themselves, which helped to maintain their independence. Staff respected the decisions people made and gained their consent before they provided care. People told us staff respected their right to privacy and told us how staff supported them to remain independent.

People had access to a range of varied activities which they enjoyed. People enjoyed the food and were encouraged to eat a varied diet that took account of their preferences and dietary needs. People were referred to external healthcare professionals to ensure their health and well-being was maintained.

There were systems in place to gather people's feedback through annual surveys. The information had been analysed and action had been taken in response to this feedback. People knew how to make a complaint and there were systems in place to manage complaints about the service provided.

People and staff thought the registered manager and the management team were open and approachable. Staff enjoyed working at The Beeches and they spoke positively about their managers. They received training and felt supported by their managers through regular meetings.

The provider ensured the quality of care and services was maintained and continually improved through a range of quality monitoring processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People told us they felt safe and staff had a good understanding of safeguarding procedures. Staffing levels were sufficient and staff were available at the times people needed them. Procedures were in place to protect people from the risk of harm. We found most risks were managed well. Medicines were not always managed safely and we could not be sure creams were applied to people's skin as directed. Accidents and incidents had been analysed to identify any patterns or trends to help prevent them from happening again.

Is the service effective?

Good

The service was effective.

Staff completed an induction and received relevant training so they had the skills required to effectively meet the needs of people at the home. The registered manager and staff had knowledge of the Mental Capacity Act which supported people if they lacked capacity to make their own decisions. People enjoyed the food and drink provided. Staff demonstrated good knowledge of people's dietary needs. Support from health care professionals was sought when needed to ensure people's healthcare needs
were met.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and engaged well with people. People spoke positively about the care they received. Relatives spoke positively about the care and support received by their family member. Staff respected people's privacy and encouraged people to remain independent. People were supported to maintain relationships with people that were important to them.

Is the service responsive?

Good

The service was responsive.

The care and support provided was responsive to people's individual needs. Care plans contained sufficient information about people's preferred routines. People were offered choices or were involved in planning their care. People had opportunities to follow their interests and to be involved in social activities. People knew how to make a complaint if they wished to do so.

Is the service well-led?

Good

The service was Well-led.

There was clear leadership at the service. People and staff thought the registered manager and the management team were approachable. Staff enjoyed working at The Beeches and they spoke positively about their managers. People, staff and visitors were asked for their opinions and views of the service. There were systems and processes to monitor the quality of the care provided.

The Beeches

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 20 October 2016 and was unannounced. The inspection was carried out by two inspectors.

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 were able to review the information as part of our evidence when conducting our inspection. The information reflected the service provided.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which they organise funding for.

We spoke with seven people who lived at the home, five relatives and two visiting healthcare professionals. We also spoke with the registered manager, the head of care, the provider, four care workers and the cook.

We reviewed five people's care plans including the daily records completed by staff to see how people's care and treatment was planned and delivered.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We checked whether staff were recruited safely and if they were trained to deliver care and support. We

looked at records relating to complaints, accidents and incidents, quality monitoring surveys, thank you cards and duty rotas. We also looked at medicine administration records and other supplementary records related to people's care and how the service operated. These included records of checks the registered manager had undertaken to ensure people received good care.

Requires Improvement

Is the service safe?

Our findings

People felt safe living at The Beeches. One person told us, "I feel safe here." Another said, "No problems, I am safe and secure." Relatives told us they felt their family members were safe. One relative told us, "[Person] is frightened of the dark and they (staff) make sure they always have their night light on, it makes them feel safe." Another said, "I have total peace of mind. (Person) is safe because the staff keep a close eye on them 24/7."

People told us they received their medicines when they needed them. One person said. "I always get my tablets when I need them." Another person said, "If I need my painkillers I just have to ask and they (staff) fetch them for me." A relative commented, "There are no issues with medicines."

Staff who administered medicines had received training and their competency had been assessed by a manager .One member of staff said, "We do medicine administration training every year and we have our competency assessed." This was to ensure staff remained competent and continued to manage medicines safely in line with good practice guidelines. However, the training and competency assessments were not always effective because during our visit we found medicine records had not always been correctly completed to record when people had received their medicines. For example, we identified unexplained gaps on the records for three people in the two weeks prior to our visit. This meant we could not be certain that these people received their medicines as records were not accurately maintained.

We discussed this with the provider's head of care who had responsibility for ordering and checking to ensure people received their medicines every month. They explained they had not yet checked the records we had looked at. They assured us people had received their medicines and the reason for the gaps were recording errors. They told us they would address this issue with the staff team. They told us a new electronic medicine administration system was being implemented within the home in the weeks following our visit. The new system would reduce the likelihood of medicine errors occurring because an immediate alert would be sent to a manager when a medicine was not administered. This meant managers could take prompt action and investigate why this had happened.

We also found prescription creams were not consistently being administered correctly, and we could not be sure these were applied to people's skin as prescribed. Records had not been completed correctly by staff and the plans in place to ensure they were applied correctly were not sufficient. For example, one person was at risk of developing pressure sores and they needed their cream applied to prevent their skin becoming sore. Their records stated, 'Apply cream when skin is red.' Our discussions with staff indicated they were applying the cream. However, they had not completed training in this area and they had a limited understanding of pressure ulcer detection and prevention.

We discussed this with the registered manager and the provider. The acknowledged this practice was not safe and told us they would make immediate improvements. They assured us they would update people's records immediately so staff knew when to apply the creams. They told us they had already addressed this issue with the staff during a team meeting and they were implementing new checks to ensure creams had

been applied. They told us some staff would be attending an accredited training course to increase their knowledge about pressure ulcer prevention in the weeks following our visit. The training was provided by the local health authority and specialist tissue viability (skin care) nurses.

We observed a medication round and reviewed five people's medicine administration records [MAR's]. We saw staff followed good practice. For example, they took medicines to people, provided them with a drink and watched them take their medicine before returning to sign the MAR to confirm they had taken it. The staff member locked the medicines trolley when they left it to give people medicine, so there was no risk these were accessible to people.

Some people were prescribed 'as required' medicines. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Protocols for these medicines were not in place to inform staff when and why the medicine should be given. We discussed the administration of these medicines with staff who told us these medicines were for pain relief. We asked staff how they would be able to identify if someone who was unable to tell them was in pain. One said, "We know if (Person) is in pain by their facial expressions." This meant staff could identify when people needed their medicine. We discussed this with the head of care. They explained they were in the process of implementing the protocols. They showed us one they had already completed and assured us protocols for all people who required them would be in place within the next few days following our inspection.

Staff knew about risks associated with people's care and how to manage the risks to keep people safe. Most risk assessments were detailed and informed staff how risks needed be managed. For example, one person had poor vision and we saw staff walked alongside them and offered them reassurance because they were worried that they might walk into furniture or other people. Staff told us they did this to reduce the risk of them falling over or being injured. However, records showed us one person was at risk of choking on sweets. Their risk assessment did not contain sufficient information for staff to follow to reduce this risk. We discussed this with the registered manager who assured us they would update the person's records immediately. Risks were reviewed monthly by senior care workers and the registered manager to ensure the information was correct.

Staff demonstrated a good understanding of abuse and they knew what signs to look for. One staff member said abuse was, "Stealing money, being rude, or ignoring people's requests for help." Another said, "Being cruel to people, withholding their medicines or causing them unnecessary distress or harm." Staff knew what to do if they witnessed or suspected any abuse, to make sure people were kept safe. One staff member told us, "I would speak out, I would blow the whistle. If I wasn't happy about the action the manager took I would tell the Care Quality Commission." (A whistle blower is a person who raises concerns about wrong doing in their workplace).

The registered manager knew about safeguarding processes and had co-operated with other agencies to ensure people were kept safe. The provider had a safeguarding policy and procedure and staff received training, so that they understood their responsibilities to protect people from harm. One staff member commented, "I have completed training; I know it's my duty to keep people safe."

People and relatives told us there were enough staff to provide the care and support people needed. Comments included, "I press my buzzer if I need staff at night, they are very attentive," and, "There is always enough staff to help me." One member of staff told us, "We have enough staff and we are always willing to pick up extra shifts." During our inspection we observed there were sufficient numbers of staff and to meet people's needs.

Recruitment procedures were in place to minimise the risk to people's safety. The registered manager explained before staff started work at the home their character and suitability was checked, they had an interview and were recruited based on their experience and values. One member of staff said, "I had to wait for my references and DBS check before I could start." The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions by providing information about a person's criminal record.

The provider had taken measures to minimise the impact of unexpected events. For example, there was a fire procedure and fire risk assessment on display in a communal area of the home. This provided information for people and their visitors on what they should do in the event of a fire. One person said, "If there is a fire, we stay where we are until the staff tell us where to go, the staff know what to do for the best." A relative told us, "The staff do practice their fire drill, I saw them trial it last week."

Personal evacuation plans were available in each person's file so that it was clear what support people would need to evacuate the building if this was necessary. These plans had been reviewed monthly to ensure they contained up-to-date information.

Accidents and incident records were up to date. There was a system to assess how many accidents had occurred each month to help identify any patterns or trends. Records showed accidents such as falls were monitored on an individual basis. For example, one person had fallen three times in the last three months. We saw action had been taken and preventative measures had been implemented to reduce the risk of them falling again, for example, seeking medical advice and providing equipment which immediately alerted staff when they got out of bed so they could provide prompt assistance.

A maintenance person was employed at the home to complete general repairs and maintenance checks of the building. Checks and maintenance of the safety systems took place by external organisations to ensure this was safe for people to use. For example, an annual safety check of the fire alarm system had taken place in May 2016.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. People told us, "You can tell they (staff) are well trained," and, "The staff are good, they know what I need."

Staff told us they had received an induction so they were aware of their roles and responsibilities when they had started working at the home. They also completed training courses tailored to meet the needs of people who lived at the home. Records showed new care staff completed an induction that was linked to the new Care Certificate which incorporated some of the provider's values. The Care Certificate provides care staff with the fundamental skills they need to provide quality care. One staff member explained how their induction had helped them to be effective in their role. They said, "It was explained to me on my first day what was expected of me and the training I needed to complete before I could work unsupervised."

The provider invested in staff training by providing an on-site training room and a designated training co-ordinator. The provider who told us this person had recently been employed because training was one of their main priorities. On-going training was provided to all staff in a range of subjects to help them meet the specific needs of people who lived in the home. For example, dementia training. A member of staff said, "We had dementia training from a specialist nurse to help us understand the condition. It was really helpful and gave me a real insight to help me care for people."

We asked the registered manager how they assessed staff competence to ensure they had the skills and knowledge to care for people safely and effectively. They told us daily 'walk arounds' of the building were undertaken. This happened during our visit and meant they had an overview of how staff were providing care and support to people.

Handover meetings took place at the beginning of each shift as the staff on duty changed. We observed a meeting during our visit. The health and well-being of each person living in the home was discussed and changes were communicated. A staff member told us the meetings were, "Invaluable because we know how people are feeling and we are made aware of our duties for the day." We asked staff how they knew if a person's need had changed. They told us messages were passed on verbally and a communication book was in use. We looked at the communication book and we saw a message from a senior member of staff who had written. '(Person) has been a little anxious. Please read their updated care plan.'

Staff told us they had regular opportunities to discuss issues related to their work and their personal development with their manager. One told us, "I have supervisions every 3 months and an annual appraisal. It helps you not become complacent." Staff had an annual appraisal of their work which they spoke about positively. One staff member told us, "It's a good way to reflect on our work and makes me feel valued."

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 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. We found the registered manager; the provider and the staff understood the principles of MCA.

The registered manager had completed mental capacity assessments when people could not make decisions for themselves. Staff understood the importance of gaining people's consent and following the principles of the MCA. They gave examples of applying these principles to protect people's rights. This included, asking people for their consent and recognising that people's capacity can fluctuate. One staff member told us, "All staff carry information cards to remind us about the mental capacity act and how it works."

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. We saw applications had been submitted and DoLS had been approved where potential restrictions on people's liberty had been identified.

People told us they enjoyed the food and drink provided. Comments included, "The food is very good, I like my fruit and they always get it for me," and, "Top notch food." A relative told us, "Meals are home cooked and presented well. There is always plenty of choice."

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The lunch time mealtime experience in the dining room was positive for people. The atmosphere was calm and relaxed. People were discreetly encouraged to eat their meal and had a choice of food and drink that met their dietary needs. People chose where they wanted to sit, they chatted to each other and we heard lots of laughter. Two meal choices were available and both options were plated up and shown to people to assist them in making their choice which was supportive of people living with dementia. People were provided with adapted cutlery and plate guards to help them eat their meals independently.

The kitchen manager (cook) and the staff demonstrated a good knowledge of people's nutritional needs. For example, they knew who was diabetic and who ate a vegetarian diet.

Where people were at risk of dehydration or malnutrition this was identified through the risk assessment process. The registered manager told us if any concerns were identified in regards to people's weight, a review of their nutritional needs was undertaken to manage any risks. We saw some people needed their food and fluid intake monitored by staff using a chart system. We looked at a selection of completed charts and we found they had been completed correctly. A relative said, "(Person) has gradually put on weight since being here and it's now maintained because the staff have monitored how much they ate and encouraged them to eat little and often."

One person explained they had difficulty pronouncing some words and they had requested to see a speech and language therapist. They told us the registered manager had promptly made a referral on their behalf and they had been provided with specialist advice to improve their speech. This demonstrated staff had acted promptly to address this person's concern.

Care plans provided staff with guidance on how to meet people's healthcare needs. One relative said, "They (staff) are very quick to respond to illness, they notice if there is changes in (Person's) mood or general health and they tell me." Where specialist advice and input was required, records showed people had been referred to health professionals such as doctors and dentists. A visiting health professional told us, "The manager is straight on the telephone if people are unwell. They always respond to illness promptly."

Good

Is the service caring?

Our findings

Everyone we spoke with had positive comments about the care they received. Comments included, "They (staff) always help me, they are wonderful," "Staff do anything for you, I find them very caring," and, "Staff are wonderful, it's like I am their daughter."

Relatives felt their family members were well cared for. One commented, "[Person] is very well cared for. The staff are brilliant and always smiling and laughing." Another explained how they also felt cared for by the staff. They said, "The staff arranged a party celebration for my birthday. It was such a kind gesture."

Staff took time to engage with people and to get to know them. They explained how important it was for them to make sure people were treated how they would expect to be treated themselves. Comments included, "I am proud to work here. We set high standards," and, "I love working here; it is somewhere where I would have my own family live."

We saw many thank you cards which confirmed staff treated people with kindness and compassion throughout their time at the home. One stated, 'Your kindness was so very much appreciated. I loved every minute of the time I spent at The Beeches.'

We observed people were treated with kindness and compassion and staff encouraged people to be as independent as they wished in their day-to-day care. One person told us they were very independent and explained how the staff supported them to maintain their skills such as, washing and dressing themselves. Another said, "They (staff) come to help me dress but I can still do many things for myself and they will help only if I need it. I want to do what I can for as long as I can."

People and relatives told us staff treated them with respect and dignity. One person said, "The staff are very patient and respectful towards me." They told us this was because staff always knocked their bedroom door and waited for permission before entering. We saw this happened throughout our visit.

People told us staff involved them in decisions about their care and staff knew the importance of people being involved in these decisions. For example, one person told us it was important for their clothing to be co-ordinated. They explained how the staff helped them to choose their clothing, matching jewellery and to put on their lipstick each day.

People were encouraged to maintain relationships with people who were important to them and visitors were made welcome throughout the day of our visit. We saw relatives and friends visited people in the private space of their bedrooms, or sat with others in the communal rooms.

Good

Is the service responsive?

Our findings

People had built up strong and meaningful relationships with the staff who supported them. They explained the staff knew them well and this meant they always received their care in the way they preferred. One person said, "The staff all know me well. They know exactly what I like." Another said, "Staff do anything for you, if I ask for something it's there in a flash." A relative explained it was important for their relation to have their bible with them at all times because this provided them with comfort. Staff knew this and we saw the person was holding their bible during our visit.

Staff spoke passionately about how they provided personalised care and they knew this was one of the provider's values. Staff explained how developing lasting and meaningful relationships made a positive difference to people's lives. For example, knowing people's life history meant they knew what interested people and they were able to engage people in meaningful conversations.

One person chose to get up after 10am most mornings and we saw the times that breakfast was served had been extended especially to make sure they could have their breakfast at the time they preferred. We observed two people preferred to have a light lunch and have their main meal of the day during the evening. One person told us, "I asked and I got it. My hot meal is cooked special for me at tea time. It's no trouble to the staff." Another person told us the staff had arranged for a newspaper to be delivered to the home each day by the local newsagent. We saw they spent time reading the paper and reading articles out to the staff. They said, "I love my paper, I like to know what is going on in the world."

Before they chose to move into The Beeches people and their families were involved in a detailed assessment of their needs with a member of the management team. During this process people had the opportunity to ask questions and it was explained to them what it would be like to live at the home. One person told us this had put their mind at ease because they had never been inside a care home before. A relative commented, "Before [person] even came here they asked us everything about them. We felt fully involved in the process."

Staff told us people and their families were always involved in planning and their care where possible . When care plans were written people and their families were asked to sign to confirm the information was correct. A relative confirmed this did happen. They said, "Once a year they will do a full review of [person's] care and I am involved and sign the care plan."

Care plans detailed the care and support people required and how they would prefer to receive this. They contained information about people's personal preferences and focussed on individual needs. All this information meant staff had the necessary knowledge to ensure the person was at the centre of the care and support they received. Care plans contained detailed information about people's life history, their likes and dislikes so that staff could use this information to positively support and engage with them. For example, one person enjoyed eating cream cakes and liked sugar to be added to sweeten their cups of tea. We saw they had a cream cake and a cup of tea during our visit which demonstrated this person's likes and dislikes were listened to and acted upon.

Care plans were regularly reviewed to reflect any changes that needed to be made and people were involved in this process. One person said, "I feel involved in my care. Staff took a lot of time to get to know me." Another told us, "Oh yes, they are always asking if I want to change anything with the way I am cared for."

Staff told us they had time to read care plans and had time to talk to people and listen to what they wanted. Some people had hearing impairments and staff told us they us wrote things down on paper or showed for those people pictures to make sure they made their own choices.

People told us they were supported to maintain their interests and preferred pastimes. Comments included, "Yesterday we had a sing song and music. It was great," and, "We decorate cakes; there is always something to do." A flexible activities programme was on display in communal areas of the home. We saw people played dominies and some people enjoyed 'Pat a pet' Therapy during our visit. ('Pat a Pet' therapy is used to engage people in meaningful activity and promote conversations). One person commented, "I love it when the dog visits, it reminds me of my dog, it brings back many happy memories for me."

We spoke with the activities coordinator and they told us how they organised activities for people. Some activities were specific to provide stimulation for people living with dementia. For example, some people who lived at the home were Irish and a recent Irish coffee morning had been organised during which people had reminisced about their childhoods. We saw tactile objects for people to touch were located throughout the home. For example, old telephones, an old sewing machine, boxes of sweets and binoculars. We saw these items interested people because some people dialled numbers on the telephone and looked through the binoculars. This showed us people's senses were stimulated by the items.

People and their relatives were actively encouraged to put forward their suggestions and views about the service they received and the running of the home. People told us they were confident actions would always be taken in response to their feedback. Group meetings involving people who lived at the home and their relatives were held regularly and we saw people's suggestions had been listened to. For example, people had requested that cheese and crackers were provided as an alternative to sandwiches at tea time. Cheese and crackers were included on the 'snack menu' which people told us was available to them 24 hours a day.

People and their relatives were confident to raise any concerns with staff and they were confident any concerns would be dealt with appropriately and fairly. One person explained they had previously made a complaint and they had discussed it with the manager. They were happy with the outcome and the action that the registered manager had taken in response to their concern.

The provider's complaints procedure was accessible to people because it was on display in the foyer of the home. It included information about external organisations people could approach if they were not happy with how their complaint had been responded to. The provider's told us they would view any complaints received as a learning opportunity to improve the service for everyone. We looked at the complaints file maintained by the registered manager. Records showed no complaints had been received about the service in the past 12 months.

Good

Is the service well-led?

Our findings

People were happy with how the home was run because they continued to live their lives how they wished to do so. All of the people we spoke with told us they knew the managers and the provider well and felt they were approachable. Comments included, "They (managers) run this place really well," and, "The managers don't miss a trick, they know exactly what is going on."

Our discussions with relatives indicated the home was managed well and the managers were friendly. One commented, "I am very confident in their abilities to run the home."

Staff had a clear understanding of their roles and responsibilities and what was expected of them. They told us they felt supported and listened to by the management team. One staff member explained they enjoyed working at the home and they had been supported by the registered manager to take on a more senior role. Another commented, "They are good managers to work for, I think perfect. I couldn't wish for better."

A visiting health professional told us they felt the service was led by a strong management team who were good roles models for the staff. They said, "The managers are spot on, they lead by example."

The registered manager was experienced and had worked at the home for the past 9 years, and had been in post as the registered manager for the past 3 years. Through discussions with staff, people and their relatives it was clear the registered manager had an excellent understanding of people's needs and preferences.

The majority of the staff team had also worked at the home for a number of years which meant people were supported by a consistent staff team. People planned and reviewed their care in partnership with staff. Care records were detailed to support staff in delivering person centred care that was in accordance with people's preferences and wishes. Meetings where people could contribute towards decisions made about the running of the home took place. The 'Provider Information Return' stated, 'The hair salon will be moving into a decommissioned bedroom to improve the environment and experience for people.' The hair salon was being refurbished during our visit and people told us they had been involved in choosing the wall paper and paint for the walls.

Staff had the opportunity to contribute to meetings to make changes to continually improve the home and the service people received. One said, "We have regular team meetings and are encouraged to contribute our ideas. I think we have a cracking team. Everyone's sole intent is the people living here."

There was a clear management structure in place. The provider's management team consisted of the registered manager, an office manager, a training co-ordinator, the head of care, the kitchen manager and a head house keeper. This meant that staff had management support each day .

The managers were supported by the provider who was also the owner of the home. The provider spent time at the home each day which meant they had an overview of the care that was being provided to

people. They spoke positively about their relationship with the registered manager. They told us, "(Registered manager) is excellent, very competent and everything they do is for the residents."

The registered manager told us they felt supported by the provider because they were approachable and they listened to their ideas. The registered manager was committed to the continual improvement of the home and the care people received. We asked them what they were most proud of at the home. They told us, "The high standards we set which means staff delivered high quality and personalised care to people."

Manager's completed frequent observations of staff practices and conducted daily 'walk arounds' of the home. This ensured they had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

The provider had robust systems and processes in place to monitor and improve the quality and safety of services provided to people. Audits and checks took place and were mostly effective to benefit the people who lived there. For example, audits had highlighted that some carpets were worn and needed to be replaced. The provider told us a new carpet had been ordered for a communal area and was being fitted shortly after our visit.

The provider and the registered manager promoted an open culture by encouraging feedback from people, the staff and visitors. Annual quality questionnaires were sent to people, their families, health professionals and their staff. The feedback gathered was analysed and action plans were implemented where improvements were required. In September 2016 we saw a questionnaire had been sent out but at the time of our visit people's feedback was still being gathered.

In September 2015, 29 residents, 10 relatives and 9 staff had provided their views about the home. Overall, positive comments were received which included, 'Great care,' 'Friendly and professional staff,' and, 'Lovely home.' However, one person had been dissatisfied because their clothing had been damaged in the washing machine. We saw the provider had taken action in response to this feedback. For example, they had replaced the items of damaged clothing and had replaced the washing machine.

Processes to identify and manage risks related to the health, safety and welfare of people were in place. Most risk assessments contained detailed information and guidance for staff to ensure people were kept as safe as possible.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home.