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Ashley Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service on 25 June 2015. Ashley Care Centre provides accommodation for persons who require nursing or personal care, diagnostic and screening procedures and the treatment of disease, disorder or injury for up to 49 people. On the day of our inspection 47 people were using the service and 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 2008 and associated Regulations about how the service is run.

At our previous inspection on 18 and 21 July 2014 we asked the provider to take action to make improvements to the areas of care and welfare of people who use services and cleanliness and infection control. We

Summary of findings

received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made.

The risk to people experiencing abuse at the home was reduced because staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. Accidents and incidents were investigated and then plans were put in place to reduce the risk people's safety. Personal emergency evacuation plans were now in place for all people and these were regularly reviewed. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely. Protocols for the administration of 'as needed' medicines were in place for the majority of people who needed them, although there were a small number of examples where they were not. There were clear processes in place to reduce the risk of the spread of infection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People were supported by staff who had received the appropriate training to support people effectively. People spoke positively about the food they received and staff supported and provided specially adapted equipment for people who wished to eat and drink independently. People's food and fluid intake was monitored and where a risk of a person becoming dehydrated or losing or gaining weight was identified, guidance to manage this effectively was requested from dieticians. People had regular access to their GP and other health care professionals.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff spoke respectfully about people. Where people showed signs of distress or discomfort, staff responded to them quickly. Staff listened to people and made them feel that they mattered. People were supported to access an independent advocate if they wanted to, although the information provided needed to be more accessible for people. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed and there was sufficient space for people be alone if they wanted to be.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Adjustments had been made to the service to support people living with dementia. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them. A new mini bus had been purchased to improve people's ability to undertake activities outside of the home. A complaints procedure was in place, although information about who to report concerns to externally was not always provided.

There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. Staff understood the values and aims of the service and were aware of how they could contribute to reduce the risk to people's health and safety. There was a strong registered manager in place who led the service well. People spoke highly of them. The registered manager had clear processes in place to manage the risks to people and the service. They continually used guidance from external professionals and other managers of local adult social care services to improve the quality of the service people received. Robust auditing and quality monitoring processes were in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Accidents and incidents were thoroughly investigated. Risks to people's safety were assessed and personal emergency evacuation plans were in place.

People were supported by sufficient staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

There were robust infection control procedures in place to reduce the risk of the spread of infection.

Is the service effective?

Good

The service was effective.

People received support from staff who had the right skills, had the quality of their work regularly assessed and were well trained.

People spoke highly of the food and were supported to eat independently.

Staff applied the principles of the MCA and DoLS appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff in a kind and caring way that maintained their dignity and staff responded to people quickly when they showed signs of distress or discomfort.

People were supported to access an independent advocate if they wanted to although the information to do so was not easily accessible.

People's friends and family could visit them whenever they wanted to.

People could have privacy when needed.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care and were able to access the hobbies and interests that were important to them.

Regular monitoring of people's assessed needs was conducted.

A complaints procedure was in place, although details of who to report concerns to externally was not always provided.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People were able to contribute to the development of the service and their feedback was welcomed.

People were supported by a registered manager and staff who had a clear understanding of the risks they faced. The registered manager had ensured that the CQC had been informed of all notifiable incidents.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

There were robust auditing processes in place to address the risks at the service.

Ashley Care Centre

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 25 June 2015 and was unannounced.

The inspection team consisted of three inspectors and a specialist nursing advisor.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition to this we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

We spoke with six people who used the service, four relatives, three nurses, four members of the care staff, the housekeeper and a domestic assistant, the cook, the maintenance person, the registered manager and a representative of the provider.

We looked at all or parts of the care records and other relevant records of eight people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

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

Good

Is the service safe?

Our findings

During our previous inspection on 18 and 21 July 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations 2010) – Care and welfare of people who use services. We found concerns that a person's care plan, which detailed the amount of hours a person received one to one support from staff, did not reflect the current level of support they received. We also saw that people's personal emergency evacuation plans (PEEPs) had not been reviewed since 2013. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. The registered manager told us the person's need for one to one support had decreased since our last inspection and the records we looked at reflected this. We also saw that regular reviews of the PEEPs were now in place and the registered manager told us they were confident that the processes in place would ensure people's safe evacuation from the home in an emergency.

The risk to people's safety had been reduced because the registered manager had ensured that where they had assessed there to be a risk to a person's safety, plans were in place that enabled staff to manage that risk in safe way. Each person's care plan records contained risk assessments in areas such as; falls, malnutrition, pressure ulcers and moving and handling. People's risk assessments were reviewed monthly to ensure they reflected the current level of risk. We saw a person who was at risk of falls had the risk to their safety reduced because the registered manager had ensured the person had correct fitting footwear, a specially adapted bed and a sensor to identify to staff if they had fallen in their room.

People were informed of the possible impact of the decisions they made on their safety, but staff ensured that people's freedoms were not restricted as a result of these decisions. For example, the registered manager told us a person had raised their wish to attend activities independently of the staff. The registered manager had discussed this with them and they had agreed that staff would support the person on their first visit to assess the risk to their safety; however after this the person would then go alone.

The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. The registered manager made recommendations for staff to follow and they then checked to see these had been completed. They told us they analysed incidents and accidents to identify any common themes which could be addressed to reduce them. The registered manager told us that the number of accidents and incidents that had occurred at the home had reduced and the records we were shown reflected this.

We spoke with the maintenance person who showed us how they ensured that people were supported in an environment that was safe. Regular checks on the equipment used at the home were carried out and external contractors were used when checks on equipment such as fire detectors or gas appliances was needed.

During our previous inspection we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations 2010) – Cleanliness and infection control. We found concerns that domestic staff did not have a cleaning schedule in place that instructed them what was required of them when cleaning certain parts of the home. A communal toilet was used to store wheelchairs and other equipment, increasing the risk of the spread of infection. The fridge used to store staff food and drink was dirty and a freezer used to store food had a broken lid. There were limited facilities available for people, staff and visitors to wash their hands throughout the home. There was also no infection control lead in place at the home to ensure that the risk of the spread of infection was reduced. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made in all of these areas. All parts of the home that we looked at were clean. The domestic staff now had cleaning schedules which advised them of their duties when carrying out their role, ensuring a consistent level of cleaning was carried out. The communal toilet was now free of equipment and the staff fridge had been removed. The freezer with the broken lid had been replaced and hand sanitising facilities had been placed at points throughout the home. We spoke with the infection control lead and they had a clear understanding of their role. All of these improvements reduced the risk to people's safety by reducing the risk of the spread of infection.

Good

Is the service safe?

Some of the staff we spoke with told us there had been a focus on improving infection control. They told us of changes which had been put into place and what they needed to do contribute to this improvement and to reduce the risk to people's safety.

People told us they felt safe living at the home. One person said, "I feel safe and well looked after." A relative said, "I've no complaints, I'm very happy [that my family member is safe]."

The risk to people's safety was reduced because they were supported by staff who could identify the signs of abuse and knew who to report concerns to both internally and to external agencies. The staff we spoke with told us they had attended safeguarding adults training and the records we looked at supported this. Recommendations from safeguarding investigations were acted upon by the home. A safeguarding adults policy was in place.

Information was available for people on how they could maintain their safety and the safety of others and who they could report concerns to if they felt they or others had been the victim of abuse. However, information was not available in the home for people if they wished to report concerns to external agencies. The registered manager told us they rectify this immediately.

People told us there were enough staff at the home to meet their needs and out observations supported this. One person we spoke with told us, "If I need staff I shout loud, they come quickly, they come in a flash." The registered manager told us they carried out a monthly assessment of the needs of the people within the home to ensure that there were sufficient staff with the right experience to support people. They told us if they needed extra staff then staff were willing to cover extra shifts. The majority of the staff we spoke with told us that they thought there were enough staff working at the home to meet people's needs safely. We looked at the staff rotas and the number of staff recorded matched the number of staff working at the time of the inspection.

We looked at the recruitment files for two members of staff. Both files had the appropriate records in place including; references, details of previous employment and proof of identity documents. We also saw criminal record checks had been conducted before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from inappropriate staff.

People's medicines were stored and handled safely. We observed staff administer medicines in a safe way. Staff had their ability to administer medicines safely regularly assessed. We saw records of daily temperature checks of the room and refrigerator in which the medicines were stored to ensure they were kept at a safe temperature. We looked at the Medicines Administration Records (MAR) for twenty people. These records were used to record when people have taken or refused their medication. Information about each person including the way they liked to take their medicines and whether they had any allergies were recorded.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are administered not as part of a regular daily dose or at specific times. We saw the reasons these medicines were administered was recorded on people's records with guidance for staff to follow before they administered them. However, we did find a small number of examples where this guidance was not in place and therefore there was an increased risk of staff administering these medicines inconsistently. The registered manager assured us that people received their medicines safely but would ensure these protocols were immediately put in place for all people.

Good

Is the service effective?

Our findings

People were supported by staff who had carried out an induction to provide them with the skills needed to care and support people in an effective way. Staff told us they completed training in key areas, such as fire safety and the safe moving and handling of people, before they started work. They then completed the remaining mandatory training during their induction period.

People who were living with dementia received care and support from staff who had completed dementia awareness training. One member of staff we talked with had also completed an external diploma qualification in dementia care. All of the staff we talked with said they felt they had received sufficient training for their roles and felt supported by the management to carry out their roles effectively.

Staff received regular supervision and appraisal of their work. The records we looked at reflected this. The registered manager told us the assessments enabled them to ensure that staff provided a consistent level of care for people. They also told us where improvements in performance were required; they worked with the member of staff to improve. We spoke with the house leader, who described the process for carrying out the assessments. They told us different topics were discussed during each assessment to assist and develop staff knowledge.

People were supported by staff who understood their needs and had the required skills to meet these needs. We observed staff interact with people effectively throughout the inspection. They showed a good understanding of people's preferences and choices and ensured wherever possible they accommodated people's wishes. For example we observed staff ensure people's choice of where they would like to sit and what drink they would like.

Where people lacked the mental capacity to consent to care and treatment, staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. The staff we spoke with could explain the principles of the MCA. We saw assessments of capacity and best interests' documentation were in place where required. Relatives had been consulted when decisions were made for people if they were unable to give their consent. We saw relatives had signed documentation within the care plan records giving their consent to decisions made on behalf of their family member. For example consenting to the use of their family member's photograph.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. We saw where DoLS were in place the staff adhered to the requirements of the DoLS and applications for other people were in place. This meant the risk of people being unlawfully restricted was reduced.

We observed staff giving people choices and acting on their wishes. The records that we looked at showed people's wishes to not have life-saving treatment if it were to have a detrimental effect on their on-going health were recorded on their care plans. The appropriate documentation was fully completed however we did find one person's documentation had not been. The registered manager told us they were currently consulting with the person's GP to rectify this.

People spoke positively of the quality of the food provided at the service. One person told us, "I enjoyed the tea and toast for breakfast this morning." We observed people eating their lunch in two of the dining rooms. People were offered a choice of meal and an opportunity to taste a sample of each meal before they made their decision of what they would like to eat. We observed some people ask for a second helping of the food offered and when extra vegetables were requested by another person they were provided.

When staff were required to assist people, they did so in a dignified and respectful way, talking with the person as they helped them. When one person had spilt some tea onto their clothes a member of staff responded quickly to this to assist them in cleaning themselves.

People who had specific dietary requirements, as a result of their cultural or religious background, or specific health condition such as diabetes, were supported to have the appropriate food and drink to meet their needs. We spoke with the cook who could explain how they met these requirements.

People who had been assessed as being at risk of dehydration, malnutrition or excessive weight gain or loss had plans in place to support them. We saw food and fluid monitoring charts were in place to record the amount of

Good

Is the service effective?

food and drink that people consumed. Where guidance was required from external professionals such as a dietician, this had been requested in a timely manner. Care plan documentation were amended following the guidance received from dieticians to ensure that people received effective care and support that met their current needs.

People told us and records reflected that they had access to external professionals such as GPs,

chiropodists and community diabetes services. One person told us, “I have recently had a fall, but the staff got the doctor to see me to make sure my hips were ok.” In one care plan that we looked at we saw a person had received continuing support in managing their diabetes by attending an eye screening appointment. We also saw a person who was living with epilepsy met with an epilepsy nurse specialist. The person’s care plan was updated with the guidance given by the nurse.

We saw other examples where people’s health was regularly monitored. We looked at the care plan records for people who were at risk of skin damage. We saw care plans were in place that gave staff guidance on how they should support people who were unable to reposition themselves. Guidance on how often people should be repositioned was provided. Records showed that this guidance was followed. Where people had been assessed as at high risk of skin damage, tissue viability nurses were consulted. Where they had given specific guidance for staff to follow to reduce the risk to people, this had been followed.

Good

Is the service caring?

Our findings

During our previous inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations 2010) – Care and welfare of people who use services. We observed a member of staff transporting a person in a chair; quickly, backwards and with their feet dragging along the floor. The member of staff did not interact with the person and they treated this person without the care, respect and dignity they deserved. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. We carried out observations of the staff in all parts of the home to see how they interacted with people and when people were being transported between parts of the home, whether this was done appropriately. There were positive interactions between people and staff throughout the inspection. People were treated with dignity and respect at all times. When staff were discussing people and their personal care or other health related matters, this was done discreetly to avoid people's dignity being compromised. When people required privacy this was provided. We observed one person ask to be left alone and the staff respected their wishes. There was plenty of space in the home for people to have time alone if they wanted it. Staff knocked on doors and wait to be asked to enter before going into people's bedrooms.

Staff encouraged people to do as much for themselves as possible to increase their independence. Staff supported people with the use of walking aids, attend toilets on their own and choose where they wanted to sit and eat. People were supported to eat and drink independently. To assist people, specially adapted plates and cups were provided to further increase people's ability to eat independently. The records that we looked at showed people or their relatives had been consulted and were involved in decisions about promoting their or their family member's independence.

People living with dementia were provided with information throughout the home that would assist them in identifying their bedroom, the toilets and bathrooms and other communal areas. The signage enabled people to increase their level of independence and reduce their need for staff support. A member of staff told us there had been recent changes to the roles of the domestic staff where they now supported the care staff during mealtimes. They told us, "We do this now so that people don't have strangers going into their rooms to clean it because they know you."

Dignity information was displayed to raise staff and people's awareness of this issue. Four dignity champions were in place. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

The registered manager told us there were no unnecessary restrictions on people's friends and relatives visiting them. We saw people's friends and relatives visit people throughout the inspection.

People told us they felt the staff were kind and caring. One person told us, "There are nice people [staff] here. They [staff] have helped me have a bath and wash my hair this morning which was nice." We spoke with an external health care professional who was reviewing a person's health needs at the time of the inspection. They told us, "Every single staff member who walks past [person's name] acknowledges them, no-one ever forgets."

People were treated with kindness and compassion and when people raised concerns about their health staff dealt with this in a caring way. For example, we observed a person tell a member of staff that they were worried about experiencing travel sickness when they were going to an appointment outside of the home. The member of staff dealt with the person's concerns in a kind way, giving information and support that reassured them.

We talked with staff about the people they cared for. They understood people's needs and preferences and could explain how they supported people living with dementia in a caring way. They spoke about the positive reactions gained from people when they supported people such as painting their nails and understood the importance of touch to people. The staff told us they listened to people to ensure they felt respected and valued. Our observations throughout the inspection supported this.

People's cultural needs were met by staff. One person who used the service was unable to speak English. The registered manager had ensured that a member of staff who could speak their language was available to assist them with personal care, ensuring if they experienced any pain or wanted to raise an issue with the staff, then this could be communicated easily. We observed this staff

Good

Is the service caring?

member supporting this person and they did so in a respectful and caring way. When this member of staff was not working the registered manager ensured other members of staff who could speak the person's language were available to support them.

We observed staff communicate clearly with people and offered them time to make choices. We saw relatives were also involved with decisions about their family member's care. Staff could explain how they supported people to be independent and make choices. A relative we spoke with told us about the process when their family member came to the home; "We had the feeling that the staff wanted to get to know [family member] which was important to us."

The registered manager ensured that if required, people were supported by an independent advocate to make major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information was available in the home for people to access this support, although the registered manager agreed that this information should be made more easily accessible for people.

Good

Is the service responsive?

Our findings

During our previous inspections on we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations 2010) – Care and welfare of people who use services. We raised concerns that activity plans, used to monitor the activities people wished to take part in, were not in place for all people and for others had not been reviewed since April 2014. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. All of the care plans that we looked at now contained a record of the activities people liked and those they had participated in. These included sing-a-longs, music and chats. Some people with advanced dementia had a basket containing things they had a connection with. For example one person loved scarves and the basket contained a selection of these. We saw staff encourage people to engage with them through the items in the basket. Staff told us they had changed the way they approached activities for people. Group activities had been reduced and they now engaged people individually in things they had identified as being of interest to them. One member of staff told us, "They [activities] are better now. We do things they [the people using the service] enjoy on a one to one basis."

The majority of people we spoke with told us they thought there were enough activities and were able to do the things that were important to them. One person told us they liked to walk to the local pub. Another person told us, "In the daytime, I like to talk to folk, but there is not a lot to do at present."

A representative of the provider told us they had recently purchased a mini bus that was due for delivery soon. The minibus had been specially adapted to accommodate two wheelchairs to ensure that people were not excluded because they were living with a disability. They told us the minibus would increase the opportunity for people to visit the places they wanted to and allow the staff to have more flexibility when assisting people with activities that interested them.

The provider's representative showed us adjustments they had made to one of the main communal areas of the building used to support people living with dementia. This area had previously been used as a dining room and also as a thoroughfare to other parts of the home. This resulted in an atmosphere that did not support people who needed a calmer environment. The adjustments made included; the removal of the dining aspect of the room, partitioned parts of the room to provide more space for people to relax and new furniture and lighting to improve people's experience. We observed people using this new layout at the times when they wanted to. People and staff all commented on the improvements this room had made to the home.

Throughout the home the provider had ensured that there was sufficient equipment, memorabilia and activities to support people living with dementia. The majority of bedrooms had people's names and pictures on them, with information about each person also recorded next to their doors. A member of staff told us they had recently introduced memory boxes for people in their bedrooms to encourage positive memories for people who were living with dementia.

People's care planning documentation was written in a person centred way that focussed on their preferences, choices, likes and dislikes. We discussed the preferences of people who used the service with the staff. They had a good knowledge of people's likes and dislikes.

People's diverse needs were identified and people's care plans were reviewed at regular intervals to enable the service to respond to people's changing needs. The care staff we spoke with told us they discussed people's care needs with the registered nurses when the care plans were reviewed, which enabled them to have the most up to date information to respond appropriately to people's needs.

People were provided with the information they needed to raise a complaint. The complaints procedure was listed on the main notice board in the home and also given to people in their 'service user guide'. However details of who to report concerns to externally was not provided. The registered manager told us they would amend this immediately.

The staff we spoke with could explain what they would do if a person raised a complaint with them. One member of staff told us, "I would listen to the person and see if I could help. If it is a small issue I would try and rectify it immediately, otherwise I would report it to the nurse or the

Good

Is the service responsive?

manager." They also told us that people's concerns were discussed during staff handover between shifts to ensure if they had not been dealt with that another member of staff could do so.

There were processes in place that ensured that the registered manager responded to complaints or concerns raised by people in a timely manner.

Good

Is the service well-led?

Our findings

People were actively involved with the development of the service and were able to contribute to decisions made. For example before the new mini bus was ordered people were invited to test the minibus out and to give their comments on the type of minibus they wanted. People's opinions were then acted on.

People were encouraged to give feedback on the quality of the service provided. The registered manager told us people's feedback was continually requested and they used a variety of formats to do so. These included informal chats and resident meetings.

People were able to access their local community and to meet friends and family at external events. The registered manager told us they had links with a local multi-faith church which provided people with the opportunity to attend coffee mornings and other church related events. There were also links with local charities such as the Salvation Army.

People were provided with information about the aims and values of the service and were supported by staff who had a clear understanding of these. A member of staff told us, "The vision of the home is to provide a better life for everyone. There is a focus on the importance of person centred care and not making assumptions about people's wishes." Another member of staff told us the staffing team all worked well together, and said they were a, "Friendly team and everyone would help each other out." Another member of staff told us, "We care about the residents. There is time to sit down with people and do as they want."

The home was led by a registered manager who ensured that the aims and values of the service were maintained at all times. They told us there was a particular emphasis on providing people living with dementia the opportunity to lead as fulfilling a life as possible. They told us they continually reminded staff of the need to treat people with respect and dignity and to promote people's independence. They also told us, "We discuss the ethos and aims of the service with staff. We aim to give people the care they would get at home, connecting with people's emotions, responding to distress, making sure people feel loved and that they matter."

There was a positive atmosphere within the home and people, staff and the members of the management interacted well together. A relative we spoke with told us, "There is always joking and banter [between the staff and people]." The registered manager was visible throughout the inspection and people and staff responded positively to them.

People, staff and relatives spoke highly of the registered manager. A person told us, "[The manager] knows her stuff." A member of staff told us, "You can knock on their door and they do listen. They are firm but fair." Another said, "The manager is fair, you can talk to them and they will listen."

People and staff were supported by a registered manager who had a clear understanding of the risks faced by the service and ensured robust plans were in place to reduce that risk. Regular audits in a number of areas such as people's care plans, capacity to make decisions and medicine administration were conducted. Where improvements were required, these were discussed with the staff and action plans were put in place to address it.

The registered manager showed us a process they had recently signed up to with the local Clinical Commissioning Group (CCG). The CCG organise the delivery of NHS services in England and they work with patients and health and social care partners to ensure services meet local needs. The registered manager provided the CCG with monthly statistical analysis of the service provided for people. This included information such as; the number of people who have developed a pressure sore or had a fall, whether staff were adhering to the hand hygiene protocol and the results of environmental audits. An action plan was then provided for the registered manager to reduce any identified risks to the service. The registered manager told us they were pleased they had a strong relationship with the local CCG as this enabled them to reduce the risk to people's health and safety further.

People were supported and staff were managed by a registered manager who understood their responsibilities. We saw that all conditions of their registration with the CQC were being met and notifications were being sent to the CQC where appropriate.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had the appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed.

Good

Is the service well-led?

People received support from a registered manager who used innovative ways to improve the quality of the service provided for them by increasing their knowledge of current legislation and guidance. They told us they attended a local 'Quality Initiative Framework' where eleven managers of local adult social care services met to discuss risks to their service to find a collective way to improve the quality of the care and support provided for people in all of their services. They told us that guest speakers were invited to attend such as GPs and other external health and social professionals to advise them on clinical good practice or changes to policies or guidance relevant to their service.