

Belmont View Limited

Belmont View

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?

Outstanding 

Overall summary

We inspected Belmont View on 23 and 26 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Belmont View is a residential care home situated in Guisborough. The home can accommodate up to a 50 people over two floors and offers a care service for older people and individuals who are living with dementia. At the time of the inspection 49 people used the service.

The home had a registered manager in place and they had been in post since January 2012. 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 we spoke with told us they felt the staff did a wonderful job and made sure their needs were met. We found that people were encouraged and supported to

Summary of findings

take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently and others routinely went out with staff.

We saw that on the units for people, who experienced dementia, staff matched their behaviour to people's lived histories (the time of the person's life they best recall) and this enabled individuals to retain skills and work to their full potential.

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff that were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and understood the requirements of the Act. Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate. This meant staff worked within the law to support people who may lack capacity to make their own decisions.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. Two senior care staff and six care staff were on duty during the day and two senior care staff and four staff on duty overnight. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as basic food hygiene as well as condition specific training such as working with people who lived with dementia. We found that the provider not only ensured staff received refresher training on all training on an annual basis but offered staff regular access to a wide range of course and educational material. They worked closely with local colleges, accessed a variety of distance learning courses and provided an educational library in the home. The home offered apprenticeships and placements for students. The registered manager completed a staff training session on a quarterly basis and these covered various topics with the latest being the change in the Health and Social Care Act 2008 regulations. We found that the staff had the skills and knowledge to provide support to the people who lived at the home.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

The provider had developed a range of systems to monitor and improve the quality of the service provided.

Summary of findings

We saw that the registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

The registered manager had enrolled the home in a number of pilots for encouraging best practice in care and the home had won several awards for instance an award of supporting people with oral hygiene and a food award. Plus the provider had been achieved 'Investors in People' award over consecutive years. They were completing the ISO award (which is an accredited scheme for ensuring quality assurance processes are effective) and staff were part way through completing the Gold Standard Framework (which promotes good end of life care). The provider supported the local college and sponsored awards.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The registered manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Regular surveys, resident and relative meetings were held. We found that the analysis of the surveys showed the majority of people believed the home delivered an excellent service and this view was echoed in our discussions with people during the visit.

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?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with all aspects of their daily lives.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were carefully assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

The staff and registered manager were extremely knowledgeable about each individual's needs and rapidly identified any changes.

Good



Summary of findings

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was extremely well led.

The provider and the registered manager were extremely effective at ensuring staff delivered services, which were of a high standard. We found that they were very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

The provider had enabled staff to consistently look at their practice and develop. They had worked hard to be a positive role model in the community and supported a wide array of positive developments in care.

Outstanding



Belmont View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection team consisted of an inspector, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who formed a part of the team specialised in the care of older people.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we spoke with 16 people who used the service and eight relatives. We also spoke with the owners, the registered manager, head of human resources, finance officer, two senior carers, eight care assistants, the cook, the receptionist, head housekeeper and maintenance staff.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. 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 verbally communicate with us. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at eight people's care records, seven recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We saw that people were respected and staff were attentive to each person's needs. We heard how staff supported individuals to safely engage in activities in the community. We saw that staff discreetly monitored people's safety when they were in communal areas. The staff used hoists and stand aids appropriately and in line with expected practice. People who used the service and relatives told us staff kept them safe and were very caring.

People said, "I like it here. The staff are very kind, helpful and caring." And, "Its fine and the staff are good." And, "I feel very safe here."

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff at each supervision session and during staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training in 2014. The human resources manager closely monitored access to training and had ensured refresher training sessions for all the staff had been booked for 2015. The home had a safeguarding policy that had been reviewed in 2014 and we saw this was checked each year to make sure it remained accurate. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. We found that there were sufficient staff who were qualified first aiders to cover the home throughout each and every shift. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with these scenarios. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Individual risk assessment plans were included in care plans for people where appropriate. These included falls

risk assessments. For example staff had noted that one person was having an increasing number of falls recently which had led to staff reviewing the care plan, updating it and contacting the falls team for advice.

Care plans also included risk assessments to assess if someone could be at risk of developing pressure sores; experienced respiratory disorders, diabetes, mobility problems; and problems associated with incontinence. People who were identified to be at risk had appropriate plans of care in place such as plans requiring that they used airflow mattresses and positional changes were made every one to two hours. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given.

All areas we observed were very clean and had a pleasant odour.

Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. Staff told us that hand washing audits were completed each month and these were used by the registered manager to make sure they were using the appropriate technique and followed infection control guidance.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed and we saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Is the service safe?

Each person had an up to date Personal Emergency Evacuation Plans (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The seven staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. Two senior carers and six care staff were on duty during the day and two senior care and four staff on duty overnight. In addition to the registered manager and deputy manager who provided cover during the week additional support staff were on duty during the day such as activity coordinators; receptionists, human resources and finance staff, catering, domestic and laundry staff. We found information about people's needs had been used to determine that this number could meet people's needs. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed showed there was this flexibility in staffing complement.

People we spoke with said, "The staff are wonderful and always at hand." And, "I find the staff are always available and work their fingers to the bone making sure we are alright." And, "The girls are always very busy but there if I need any help."

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service who told us they had confidence in the staffs' abilities to provide good care and believed that the home delivered an excellent service.

People said, "This is a well-managed, very caring home. Everything we ask for is done without delay." And, "My mother has a male carer which she is very happy with; he is very reliable and caring. She was given a choice of a female or male carer." And, "Staff do a magnificent job."

All the staff we spoke with confirmed that they were supported in accessing a variety of training and learning opportunities. Staff said, "We constantly are going on training and it is a big focus of the home." And, "I have been able to go on a range of courses as well as use the workbooks. It's the best training I have ever had." Staff were able to list a variety of training that they had received in the last few months such as Mental Capacity Act, infection control, first aid, and safeguarding.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We found that all the staff had completed mandatory training and condition specific training such as working with people who displayed behaviours which may challenge. We found that the provider completed regular refresher training for a wide range of courses such as health and safety, safeguarding vulnerable adults, physical interventions, and various conditions such as epilepsy. We found that the human resources manager closely monitored uptake of training and ensured all of the staff completed courses.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff at least six times a year but also completed regular competency

checks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We confirmed that all of the staff had completed annual appraisals.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had a solid understanding of the MCA and how to apply the legislation. They told us that they were about to enrol on a best interest assessors course with the aim of ensuring the home always appropriately assessed people's capacity and took the appropriate steps to ensure least restrictive practices were adopted.

The registered manager had ensured that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity and was deprived of their liberty, as were staff.

Staff we spoke with had a good understanding of DoLS. Staff that we spoke with understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed. We saw that, where appropriate, capacity assessments had been undertaken and 'best interest' decisions were recorded. The staff we spoke with had an excellent knowledge and understanding of people's care and support needs.

We observed the care and support given to people over lunch in different dining rooms. We observed that in one dining room people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted or dozed off and were not eating.

In the other dining room this was not the case and we found that the organisation of the meal here led to people

Is the service effective?

sitting for an extensive period of time without a meal or adequate support. We discussed this with the provider and registered manager who undertook to review the meal time experience and introduce split sittings so that people could be offered the support they needed.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food people ate was good.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart. The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were

malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. Staff confirmed this was the case and told us about instances when they had asked the GP to refer people to a dietician.

People said, "The meals are lovely." Another person said, "The cook is very, very good and the food is always beautiful."

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their treating teams and when concerns were raised staff made contact with relevant healthcare professionals. For instance one person had a number of accidents and in response staff had contacted the falls team. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People said, “The staff are superb.” “I have no concerns and have never needed to make a complaint.” And, “They are very kind and gentle.”

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people. We found the staff were warm, friendly and dedicated to delivering good, supportive care. Staff said, “I want to make sure I treat people as I would like to be treated, so always make sure I explain everything and am gentle.” And, “If we can’t be kind to people we shouldn’t be in the job.”

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

We saw that the provider had ensured NICE guidance in relation to dementia care and activities was followed. These state ‘It is important that people with dementia can take part in leisure activities during their day that are

meaningful to them. People have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life’ (Quality Standard 30 - quality statement 4). We saw that the activity coordinator had completed assessment of people’s ability to join in activities and then designed a programme of activity, which would suit each person.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used. The registered manager critically evaluated the success of any changes and could show us how the environment met the needs of the people living with dementia. The environment was well-designed and supported people’s privacy and dignity. All bedrooms were personalised. We saw that the décor had created a place where people were relaxed and able to independently use the facilities.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. The care staff told us that they checked the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person.

We were told that it was the home’s policy to send bouquets of flowers to family members when a resident passes away. They always ensured that a member of management and at least one staff member attends the funeral. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

People felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. We found that one person who used the service had reverted to their first language and in order to support this person staff had learnt basic words in this language. We saw that staff spoke to the person in their first language and this was enabled the person to express their wishes.

People said, “We like everything about the home. The staff are very caring and really go the extra mile.”

We heard how the staff worked to ensure all people’s needs were met and looked at innovative ways to meet each person’s wish. For example in November 2014 staff liaised with the local fire Brigade to enable one of the people who used the service to visit their terminally ill relative. They were unable to get to each other as the relative was no longer able to travel and the person was physically unable to climb the stairs to her bedroom. Because of the staff request the fire brigade made it possible for these people to see each other.

We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, falls and going out. The risk assessments provided information on actions staff and the person could take to reduce or prevent the highlighted risk from occurring.

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make sure the service still met people’s needs. For instance some peoples’ conditions meant their ability to mobilise deteriorated over time and they needed more support. The registered manager had increased the staffing levels so the people could continue to be fully supported at the home.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in plain English. We noted that it did suggest that CQC investigated complaints, which is inaccurate so we asked that this was amended. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that no formal complaints had been made in the last 12 months. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they when they had raised concerns about the behaviour of other people at the home the registered manager had ensured this was discussed with the person and the problems were resolved.



Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the registered manager. They told us that they thought the home was extremely well run and completely met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently. We found that the registered manager was the integral force ensuring the home was safe, responsive, caring and effective.

We found that the majority of the staff had worked at the home since it opened over eight years ago and changes related to staff going on to complete nurse training or retiring. We spoke with one nurse who had originally worked as a carer at the home and returned to work there as a nurse.

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

The staff we spoke with described how the registered manager and senior staff constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved. We found that the vision and values of the home were imaginative and person-centred and made sure people were at the heart of the service.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that

suggestions were warmly welcomed and used to assist them constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought.

We also saw that regular monthly meetings were held with the people who used the service and relatives. At these meeting people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service. The information from this was analysed and used to look at areas for improvement. The registered manager used this information to create newsletters which were sent to all of the people who used the service and the relatives.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Although they had managed the service since it opened, they were not complacent and continued to strive to improve support they offered. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

The registered manager was very proactive and always looking at how to further enhance the service via their own learning. In June 2014 they completed accredited courses on the principles of safety management in healthcare and a certificate in Legionella management and used this information to introduce the audits recommended by the trainers. They had told us that they had enrolled on a best interest assessor course as the registered manager felt this would enhance the home's application of the Mental Capacity Act 2005.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had comprehensive systems in place for monitoring the service, which the manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. There was a strong emphasis on continually striving to improve. This combined to ensure strong governance arrangements were in place.



Is the service well-led?

We found that the providers had become champions of good care within the local community and supported bodies such as local colleges to deliver health and social care programmes. They both offered placements at the home as well as sponsored award ceremonies at the colleges.

The home worked in partnership with other organisations to make sure they are following current practice and providing a high quality service. From our discussions with the provider, registered manager and staff we found that

home strived for excellence through consultation, research and reflective practice. The audits and actions plans we reviewed confirmed that the home had sustained effective practices and made improvements over time.

We found that the home had achieved recognised quality accreditation schemes. They had achieved the investors in people award consistently for the last three years and had commenced the ISO2009 award and the Gold Standard Framework for end of life care. Also the home had been won awards for nutrition and oral hygiene as well as achieving the council's top rating for the quality standards.