

St Brelades Retirement Homes Limited

St Brelades

Inspection report

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Tel: 01227375301

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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 ●

Summary of findings

Overall summary

This inspection was carried out on 31 January 2018 and was unannounced.

St Brelades is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Brelades accommodates up to 37 people living with dementia in one adapted building. There were 37 people using the service at the time of our inspection. St Brelades exclusively offers a service to women.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the last inspection on 3 November 2015, we asked the provider to take action to make improvements to the way people's capacity to make decisions was assessed and how decisions made in people's best interests were recorded and this action had been completed.

The registered manager had oversight of the service. The registered manager and management team checked that service met the standards they required and worked to continually improve the care people received. However, processes were not in operation to complete regular checks and audits of all areas of the service and use these to drive improvement. We have made a recommendation about checks and monitoring the service.

Staff felt supported by the management team, they were motivated and enthusiastic about their roles. A member of the management team was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff and community professionals we spoke with told us they would be happy for their relatives to live at St Brelades. Records in respect of each person were accurate and complete.

Staff were kind and caring and treated people with dignity and respect. They had taken time to get to know each person well and provide the care they wanted in the way they preferred. People received the care and support they wanted at the end of their life. Since our last inspection the provider had begun to implement the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end of their life.

Staff knew the signs of abuse and were confident to raise any concerns they had with the management team. People were not discriminated against and received care tailored to them. One person's relative said, "The staff know my relative inside out now and every part of her day is catered for just how she likes it to be."

She is most content now she is being so thoroughly cared for in every aspect of her day and night". Complaints were investigated and responded to. People had enough to do during the day, including taking part in activities they had enjoyed.

Assessments of people's needs and any risks had been completed and care had been planned with them and their relatives, to meet their needs and preferences and keep them safe. One person said, "I am really so safe here and content".

Changes in people's health were identified quickly and staff contacted their health care professionals for support. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet of food they liked and that met their cultural needs and preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed.

There were enough staff to provide the care and support people needed when they wanted it. One relative told us, "There are always plenty of staff on duty at any one time and my relative informs me that it is the same during the night she wouldn't have to wait for assistance in the night".

Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The service and equipment were clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable. People were able to use all areas of the building and grounds and were encouraged to make their bedroom feel homely.

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall, and took prompt action to display the overall rating on their website.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Brelades

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 31 January 2018 and was unannounced.

We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider who is also the registered manager, ten staff, and 18 people who use the service and their relatives.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we asked for feedback on the service from community professionals and other visitors to the service who had involvement with the service and staff. We received information from the representatives of two churches, a chiropodist, a pharmacist and a clinical nurse specialist for older people feedback who has supported the registered manager and staff.

Is the service safe?

Our findings

People told us they felt 'exceptionally' safe at St Brelades. People and their relatives comments included, "I am thankfully now safe and happy in this wonderful home", "There is not one staff member, not a single one that I wouldn't trust or want to care for me" and "[My loved one] is as happy and safe as I have seen them for years, what a relief that we have finally found the perfect home to make her happy and make us happy knowing she is safe and most content".

There were enough staff on duty to meet people's needs and support them to do things for themselves. People's relatives commented; "There are always plenty of staff whatever time I come in for a visit" and "The staff all know exactly what they are doing and are extremely well briefed for each resident here". The registered manager continued to consider people's needs and the skills of the staff when deciding how many staff to deploy at different times of the day. Mornings continued to be busy and people's needs had increased since our last inspection. Staffing levels had been adjusted to reflect the change in needs and had been increased from 11 to 13 in the morning. Staff were not rushed and supported people to do things at their own pace. For example, people who required assistance at meals times were supported by a staff member who concentrated solely on them and waited until they were ready to eat before assisting them.

Many staff had worked at the service for several years and knew the people very well. Staff turnover was low. There were consistent numbers of staff on duty during the day and night. Care staff were supported by ancillary staff including cleaners, cooks and maintenance staff so that they were free to spend time with people and provide the support they needed. Cover for sickness and annual leave was provided by other members of the team. The registered manager and other members of the management team were on call out of hours to provide any advice and support staff needed.

A new call bell system had been installed since our last inspection and people used this to call for staff assistance when they required it. Staff responded promptly when people rang for assistance. The new system allowed staff to check if another staff member had already responded to the bell and was in the room with the person.

Risks to people had been identified and they had been involved in planning how to manage these. For example, the risk of people developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Staff made sure that people used the cushions at all times when they were in bed and sitting in chairs. No one at the service had a pressure ulcer.

The risk of people falling had been assessed and action had been taken to keep them safe. For example, some people were a risk of falling out of bed. This had been discussed with them and their relatives and they had decided to use bed safety rails to help them remain safe. The use of bed safety rails had been assessed and bumpers were used to prevent people banging themselves on the rails. Monthly checks were completed to make sure the rails were in safe working order.

Accidents and incidents had been recorded and action had been taken to prevent them from happening again. For example, one person's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. This included using sensor mats to tell staff when they had got out of bed or stood from their chair. The action taken had prevented people falling again.

All of the people and their relatives we spoke with told us the staff were approachable and they were confident to raise any concerns about their safety with them. One person's relative told us, "If I have any concern what so ever, I am very confident that whoever I see will help". Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff were confident that the management team would take any action that was needed if people were at risk of abuse or being discriminated against. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building or evacuating to the provider's other service which was close by. Staff had completed fire warden training and told us they were now confident to use the evacuation equipment. Regular checks were completed on all areas of the building and equipment, including fire alarms and hoists to make sure they were safe. The service was clean and staff followed infection control processes, including using disposable gloves and aprons. They had completed infection control and food hygiene training.

People's medicines were managed safely and effective systems were in place to order, store, administer, record and dispose of medicines. The temperatures where medicines were stored, including those requiring refrigeration, were recorded daily and were within the safe range. We observed staff administering people's medicines safely, for example, staff checked each medicine and records before administering it.

Staff followed guidance when supporting people with their 'when required' medicines, including medicines to help people relax. The registered manager told us, "We are careful about dose as sometimes a small dose is all that is needed to reduce the anxiety without causing drowsiness". Guidance included how people would tell staff they needed their medicine, the minimum gap between doses and the maximum the person could take in 24 hours. Some people were prescribed variable doses of medicines and staff recorded how many people took on each occasion. Staff had completed medicines training and their competency to administer medicines safely had been assessed.

A pharmacist told us, "We are in regular contact and have built up an excellent working relationship with the registered manager and their team". Some people received their medicines without their knowledge crushed and disguised in food, known as 'covert medicine administration'. The pharmacist and people's GPs had been involved in making decisions to administer medicines covertly and their advice was recorded and followed by staff.

The registered manager continued to consider staff's attitudes, including kindness and respect, as well as their skills and competence when making recruitment decisions. We observed staff who had no previous experience in caring roles treating people with dignity and offering them support in the way they preferred. The required recruitment checks including Disclosure and Barring Service (DBS) criminal record checks continued to be completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Is the service effective?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes before they moved into the service. One person's relative told us, "The manager came out to visit my loved one in her home before she moved in here, so she could get to know her and gauge what level of care she might require. A lot of information was gathered at this meeting". A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and personal history. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed, in line with best practice, when they moved into the service. These included malnutrition universal screening tool (MUST) assessments to identify risk of people losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan their care and support. People's weights were taken and analysed each month. When people lost weight they were referred to the dietician. The dietician's recommendations were followed and people had put on weight. Kitchen staff knew who was at risk of losing weight and offered them food and drinks fortified with high fat foods including double cream. One person's relative told us, "[My loved one] has put weight on since arriving here".

A handover was completed between staff on each shift to make sure they had up to date information on people and their needs. This was recorded and staff referred to it to catch up when they returned from a day off. Tasks were allocated to staff at the beginning of each shift, for example, staff working together to assist people who needed two staff to support them.

We observed people being supported to make choices about all areas of their lives. For example, staff offered people a choice of drinks throughout the day and did not make assumptions about what they wanted. One person told us that they always had tea but had chosen to have coffee on the morning of our inspection. They told us, "I've never had it before but it's lovely".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection we found that people's capacity to make the decision had not been assessed and records of how decisions had been made in their best interests had not been maintained. Action had been taken and assessments of people's capacity were recorded. Records of how best interest decisions had been made and by whom were kept. Staff knew when people needed help to make decisions and offered them the information in ways they understood. For example, staff told us some people needed help to decide what to wear and staff showed them a limited number of items until the person found an outfit they fancied.

The registered manager was aware of their responsibilities under DoLS and had made applications to the local authority. Some people had DoLS authorisations in place and others were waiting for assessments. Any conditions on DoLS had been acted on, such as medicine reviews. People were not restricted and were free to come and go as they pleased, including with staff, friends and family. One person told us had always gone for a long walk every day and continued to do this with staff. They told us, "I really love it".

Staff supported people to maintain good health. A doctor continued to hold a weekly surgery at the service and provided telephone consultations and home visits when people needed them. One person's relative told us, "A doctor or ambulance is called as soon as one is needed". Staff supported people to see health professionals and attend appointments. Staff accompanied and stayed with people to offer them reassurance and help them tell their health care professional about their needs. People had regular health care checks including eye tests. One person's relative told us, "My relative has all the check-ups that they need and their health is so well monitored".

People told us they liked the food at the service and had enough to eat and drink. Their comments included, "We have an abundance of food and drink and it is a jolly good standard too", and "There is a super choice of food, there really is and what is so good is that it is all fresh, much better than I ever made or cooked at home".

Meals and drinks were prepared to people's preferences and needs, including dietary needs and cultural preferences, including vegetarian meals. People who needed a low sugar diet continued to be offered the same foods as everyone else but made with sweetener rather than sugar. Meals were balanced and included fresh vegetables. Soft or pureed foods were prepared for people at risk of choking and were presented in an appetising way. People had been involved in planning the menus. If people wanted something which was not on the menu the chef prepared it for them.

Staff had received the training they needed to complete their roles. They completed an induction to get to know people, their preferences and routines. This included shadowing staff the registered manager considered to be "outstanding" and completing the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Training was arranged to support staff to meet people's specific needs, including dementia care and communication. Staff's competency to complete tasks was assessed to check they had the required skills. For example, staff's ability to move people safely using a hoist. Staff had either completed or were working towards recognised adult social care vocational qualifications.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received regular group supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

The service was decorated in a homely way and an on-going programme of redecoration was underway. There was a safe outside space which was accessible to people and their visitors. One person told us, "We are free to move around as we please wherever and whenever we wish to".

Is the service caring?

Our findings

At the previous inspection the service was rated outstanding for meeting people's needs in a caring way. At this inspection the ways in which the service was caring was good. The service had not demonstrated innovative practice or made improvements to how they met people's individual needs.

Everyone we spoke with before and during our inspection told us staff were kind, caring and had time to spend with people. Their comments included, "The staff are kind and very friendly, they always spare time to stop and chat if that's what my relative wants. They always take their time and make sure each resident has what they want even if it's just a friendly face and a natter" and "My loved one is never rushed and I always note how incredibly caring and patient the staff are at all times".

People's relatives told us they were confident their relatives were "safe, content and happy" at St Brelades. Their comments included, "We can now just enjoy each other's company like before my relative was living with dementia to a certain degree because the stress has been taken away and thanks to [the registered manager] I have a far better understanding and patience with what my relative is going through" and "The staff are brilliant, I can talk to every one of them about my relative at any time of day or night really. They keep me fully up to date too about what mum has been up to at least now I feel I can lead my own life safely knowing mum is being well cared for".

Relatives were encouraged to visit their loved ones and spend time with them as often as the person wished. Ladies relatives told us they were able to take their loved one out when they wanted and staff supported them at times. During our inspection several ladies relatives visited and told us they did this regularly. One person told us they visited daily and spent time caring for their relative as they had done at home and this had helped them maintain their relationship. Another ladies relative told us they planned to move into the service themselves in the future. Ladies friends and relatives brought cats and dogs into the service for the people to meet. People told us they enjoyed this and we observed them smiling while talking to a dog and stroking it during our inspection. When people's relatives were not able to visit them at the service, staff supported people to visit their relatives, for example in hospital.

The registered manager asked people and their relatives to provide them with a detailed personal history before they moved into the service, including jobs they had and things that were important to them like pets and places. This information was available to staff in ladies care records and staff used this information to get to know them. During the inspection staff supported people to tell us about places they had travelled to and members of their family. One person's relative told us, "The staff have really got to know my loved one and seem to take a real interest in them and their past".

People and their relatives told us they had privacy. One person's relative told us, "My Relative is given all the privacy one could desire yet all the help she needs". Staff described to us how they maintained ladies privacy including using privacy curtains in shared bedrooms and keeping people covered while they helped them to get washed. Staff maintained people's privacy during our inspection. Personal, confidential information about people and their needs was kept safe and secure.

People told us they were treated with dignity and had told staff what dignity meant to them. Their comments included 'straight talking', 'empathy and "compassion". Three staff were dignity champions. Dignity champions are staff that believe that being treated with dignity is a basic human right and not an optional extra. All the staff we met at the service held these values. Staff had completed dignity workshops and had practiced caring for each other to help develop their empathy with people. One staff member told us the experience had reminded them how important it was to explain everything they were doing to people before they did it. We observed the staff member supporting a person at lunchtime. They supported the person at their own pace and waited for the person to tell them they were ready to eat or drink. They also explained what was on the spoon and checked that the person was happy with this.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and were relaxed in the company of each other and staff.

People were actively involved in making decisions about their care. We observed one person had a specific way they liked to climb into their chair using a footstool. Staff supported the person to do this in their own way and own time whilst being available to offer support and assistance if needed.

People were supported to maintain their independence. For example, some people used adapted cutlery and crockery to eat and drink without support. Other people required assistance at meals times and were supported at their own pace, by a staff member who concentrated solely on them. One person told us, "Everything that passes my lips does so because I wanted it to and it was my choice, everything or anything". Staff told us what people were able to do for themselves, such as washing their face and hands and the support they needed from staff. This information was recorded in people's care plans for staff to refer to.

Information about when people may need reassurance was included in their care records and was followed by staff. Staff told us one person was often anxious and they made sure they spoke to them each time they saw her to 'make her feel special' and this reduced the person's anxiety. During our inspection another person became restless and distressed and wanted to call the police as they believed something had gone missing. Staff quietly and calmly explained to the person that they would help them and that there was no need to worry. They continued to reassure the person there was no danger until they felt calm.

People had brought pictures and other items into the service to make their bedroom more homely. One person's relative told us, "Sometimes we like to go to my relative's room. It is like her own little private home". People had been involved in choosing how their bedroom was decorated before they moved into the service.

Some people were able to share their views about all areas of their life with staff and others involved in their care. However, when people required support to do this they were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning their care with staff. Their comments included; "I am involved in every aspect of organising my relative's care and agreeing with the staff what we feel is the best course of action as far as they are concerned. They are very good at keeping me updated on everything that goes on" and "I see my loved one's care plan whenever I like, and we discuss and review their care on a constant basis".

People's care plans had been reviewed and updated and contained detailed information. For example, moving and handling guidance included the hoist and sling staff should use and things they needed to take consider when moving people, such as any pain or limb weakness.

Staff knew the support people needed and how they liked their care provided. One person told us, "I don't like to wash my hair as it takes all the goodness, but I am helped to control it as much as we can". We observed that staff continued to support people to dress and style their hair as they wished. One person's relative told us, "The staff know exactly how she likes things done and they really do understand her as they have made that effort to get to know her. They don't treat her like just another old person, they don't treat anyone like that".

Staff asked people about their preferred time to get up and go to bed and supported them to continue with their routine at St Brelades. The routines at the service were flexible to people's needs and wishes. For example, one person told us, "I like my bath and I sometimes have an extra one in the week just to relax and wallow". Another person had decided to have a lay in on the morning of our inspection.

Since our last inspection the provider had begun to implement the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end of their life.

Staff had begun training and were putting what they had learnt into action. At the time of our inspection staff were talking to people and their representatives about things that were important to them at the end of their life, including their spiritual needs. One priest we contacted confirmed that they had visited people at the end of their life to offer them 'last rites'. Plans included the person's preferred place to die, any resuscitation decisions and things which were important to them, such continuing to have their hair styled. Medicines to support people to remain comfortable at the end of their life had been obtained when necessary and administered by visiting healthcare professionals.

People's relatives had complimented the staff on the care they had provided at the end of people's lives. Their comments included, "Thank you for coming to my relative's funeral and for the great care provided by you and your wonderful team particularly in respect of the last few months as her health declined" and "Our final days with our loved one will be forever etched in my mind and heart. You and your wonderful team enabled us to walk that path with love and dignity". Staff stayed in contact with people's families to support them grieve.

People continued to take part in a range of activities and pastimes including listening to music, and were supported by staff and the activities coordinator. People told us they had enough to do each day, their comments included, "Sometimes I go for a stroll when it is warm enough, but I like to read my paper and have a chat in here, there is always something to keep us busy", "There are always activities organised" and "There is always something going on to keep my relative occupied and content. There is never a dull moment unless she prefers to be quiet of course". The activities coordinator told us, "It's nice to see the ladies enjoying themselves".

An activities plan was in place and included visits from outside entertainers. During our inspection a musician visited and sang songs. Some people enthusiastically joined in and sung along. Others took part in quieter pastimes, including chatting to staff and craft activities of their choice.

Staff knew if individuals had a faith and supported them to continue to follow this when they wanted to, including attending local church services. Services were also held by representatives of different faiths at the service and people took communion if they wished. Religious representatives we contacted told us they were made to feel welcome by staff. One visitor told us, "We always receive a very warm and helpful welcome from the staff. We find the residents very contented, and this is further confirmed by the occasional conversations we might have with relatives of those we visit. Any time we visit, we find the relationship between the staff and residents very caring and respectful".

The provider considered complaints and feedback as 'opportunities to learn from, adapt, improve and provide a high-quality service'. The process to respond to complaints had been reviewed since our last inspection and was available to people and their representatives but was not available in an easily accessible format. However, staff supported people to raise any concerns they had. People and their relatives told us staff listened to their concerns and took action to address them to their satisfaction. One person's relative told us, "My concerns are always dealt with in a caring, listening and satisfactory manner".

No formal complaints had been raised for over a year and the registered manager and staff continued to immediately address any concerns raised with them. Everyone we spoke with told us the registered manager and staff were approachable and they would be confident to raise any worries they had with them.

Is the service well-led?

Our findings

One of the providers was also the registered manager and had been working at the service for a number of 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.

Community professionals we contacted told us the service was well led by the registered manager. One community professional said, 'The home has had steady and consistent leadership during the years we have provided services and appears to be well led by the management team and senior carers'.

The provider had a clear vision and philosophy of care which included, 'Each person will be enabled to live as full a life as possible, regardless of age, physical and mental disabilities and that each individual has the right to exercise choice over their lives'. Staff shared the provider's philosophy and provided the service as they required. All of the staff and visiting professionals we spoke with told us they would be happy for their relative to receive a service at St Brelades.

The registered manager continued to have oversight of the service and completed random checks on care records to make sure staff had identified any changes in people's needs. The management team monitored staff practice to check people received care and support to the standard the provider required. This included working alongside staff and observing their practice. Most of the checks completed by the registered manager and management team were not recorded and there was no comprehensive process in place to ensure they were completed regularly and consistently and were used to continually improve the service. Any shortfalls identified by the checks were addressed immediately and discussed at staff supervision meetings and shift handover and were recorded. We did not find any shortfalls at the service. Checks on medicines were completed monthly, recorded and action was taken to address any shortfalls found. The number of falls which occurred each month had been analysed. However, a full analysis of accidents and incidents to identify any trends, for example when and where accidents occurred and the different nature of these accidents was not in operation. Action was taken following each accident to reduce the risk of it happening again.

We recommend that the provider implement effective systems to learn about the performance of the service and any incidents, to drive quality and continuous improvement.

There was a culture of openness; staff and the registered manager spoke with each other and with ladies in a kind and respectful way. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. People and their relatives agreed, their comments included, "The manager listens and responds at all times, they are here for the resident and the family at all times" and "We can always pick up the phone if we have any concerns and they are always very helpful".

Staff were clear about their roles and responsibilities and the management team held them accountable.

For example, records were checked during the day to make sure they had been completed accurately. When staff had not recorded the support they had given a person, a member of the management team reminded them. The provider's policies and processes were accessible to staff when they needed to refer to them.

The registered manager kept their skills and knowledge up to date, including attending workshops provided by the local clinical commissioning group. They continued to work in partnership with community professionals, including a Clinical Nurse Specialist for Older People, to ensure people received the care and treatment they needed. The Clinical Nurse Specialist confirmed the registered manager asked for advice and guidance when it was required and acted on it.

Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated by the management team. Staff told us team work at the service was 'really good' and they felt supported by their colleagues. One staff member who had worked at the service for a short period of time told us, "I felt like I fitted in immediately".

People and their relatives were asked for their opinions and these were listened to. Their comments included, "I feel that my suggestions are listened to and responded to. I feel fully involved and I feel that things are done here in an appropriate, caring and fundamentally good way for all concerned" and "My opinion is often sought and implemented. Like last summer when I suggested tea in the garden might be nice".

The registered manager encouraged people, visitors, staff and community professionals to feedback their experience of the service and had told them what they would do in response. A quality assurance survey had been sent out in December 2017 and the feedback was being collated at the time of our inspection. People's responses to the 2016 survey had been positive.

The staff had received a number of compliments over the previous 12 months. Comments included, "Thank you all so very much for the care and kindness not only to my dearest [person's name] but also to me", "You made my life easier because I was confident in the love and care she was receiving" and "We could not have asked for better care".

Staff told us suggestions they made to improve people's care and support were listened to and implemented. For example, staff had noticed that one person required more support to drink than previously and had suggested that they use a straw to maintain their independence. The management team had listened to their suggestion and the change had been successfully implemented.

Records of people's needs and the care they had received were accurate and up to date. All staff had access to information about people when they needed it. The provider was introducing electronic care records to reduce the time staff spent completing records and improve the management information they had about the quality of the service. Staff had been involved in planning the implementation and plans were in place to introduce the new system gradually so people and staff could get used to it.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the

entrance to the service and the rating was known by people and their relatives. The provider was in the early stages of developing their website. Reference to the overall rating of the service was not clear on the website at the time of our inspection and the provider took action that day to rectify this.