Gospel Standard Bethesda Fund

Brighton & Hove Bethesda Home

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?	Requires improvement

Overall summary

The inspection took place on 23 June 2015. Brighton & Hove Bethesda Home was last inspected on 5 August 2013 and no concerns were identified. Brighton & Hove Bethesda Home is located in Hove. It provides accommodation with personal care and support to 22 older people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes and sensory impairment. One of the conditions of residency is that residents are members of the Gospel Standard Churches, or that they regularly attend their chapels. The service is set over two floors. On the day of our inspection, there were 19 people living at the service.

Brighton & Hove Bethesda Home belongs to the organisation the Gospel Standard Bethesda Fund. The Gospel Standard Bethesda Fund is a Christian organisation standing by the distinct position of the Gospel Standard articles of faith, and aims to run its homes on Christian principles. The Gospel Standard Bethesda Fund has additional services in Harpenden, Hertfordshire and Studley, Warwickshire.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Systems were in place for the recording of incidents and accidents. However, incidents and accidents were not monitored and analysed over time for any emerging trends and themes, or to identify how improvements to the service could be made. We have identified this as an area of practice that requires improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "The staff are kind. They look after me well and I feel safe". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People and their relatives told us they enjoyed the activities, which included singing, bible readings, prayer, gardening and trips to the chapel and local areas of interest. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are very caring and do everything for me and always maintain my dignity". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their role and responsibilities. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Relationships with family members and friends continued to play an important role in people's lives.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Requires improvement

The service was not consistently well-led. We found areas of good practice, but an area that requires improvement.

Incidents and accidents had been recorded, but were not routinely monitored for any emerging trends or themes.

People commented that they felt the service was managed well and that the management was approachable and listened to their views. Staff felt supported by management and were listened to. They understood what was expected of them.

Quality assurance was measured and monitored to help improve standards of service delivery.

Brighton & Hove Bethesda Home

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 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.

The inspection took place on 23 June 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, four care staff, the registered manager, the deputy manager, a visiting training assessor and the chef.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "The staff are kind. They look after me well and I feel safe". Everybody we spoke with said that they had no concern around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw that as a result of risk assessments, sensor mats and bed rails had been introduced when required to keep people safe from falling. We saw that staff responded very quickly when a sensor mat was activated. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "We encourage and support people to take risks. For example, we have a resident who has poor mobility, but we have supported them to visit friends and have a holiday. We have monthly reviews of risk assessments, or sooner if people's needs change".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "Staffing levels are determined by the needs of the residents. We adjust and tweak the numbers of staff for example at the weekends, or when we have extra people in for respite care. Care shouldn't be rushed and I've got enough staff to deliver a safe service". The registered manager gave us an example of when they had introduced extra staff into the service to meet the needs of a particularly poorly person who did not wish to leave the service and attend a hospice. We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. Feedback from people indicated they felt the service had enough staff and our own observations supported this. A member of staff added, "There are always enough staff and I have never seen any poor practice".

In respect to staffing levels and recruitment, the registered manager added, "We recruit as and when we need to. When we interview, we get a feeling whether people will fit in. We look for people with caring and responsible attitudes, who have a good understanding of the home". Documentation we saw in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken

Good

Is the service safe?

them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, “I always get my medicine on time”. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person told us, "Everything is nice, the staff can't do enough for you". Another person said, "I like the whole place and the staff are all very good. They will do anything I want and always come quickly if I press the button".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experience members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around diabetes and the care of people with dementia. One person told us, "The staff are a lovely lot and they look after me well. This is my home". The registered manager told us, "The staff induction programme includes shadowing for up to 10 shifts. I will sign off when a member of staff can start work, and we would extend the induction or support staff as needed. The induction is robust". They added, "We use specialist trainers, for example through the Local Authority and make sure the training reflects the needs of the service". One member of staff told us, "Training is encouraged and is of good quality". Staff also told us they were able to complete National Vocational Training (NVQ). A member of staff said, "The manager encourages me to study, the training is really good and the other staff help me if necessary. The support here is really good". A visiting training assessor from a local college told us, "We have excellent input from the home. They really support staff to learn and encourage training.

Staff received support and professional development to assist them to develop in their roles, Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. Three DoLS authorisations were in place for people, and the registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. One person said, "Ooh, its mince, that's nice". We saw that another person was not happy with their choice of food. They said "I don't want this, I want chicken and mash". A member of staff removed their meal without fuss and replaced it with their preferred choice.

People were on the whole complimentary about the meals served. One person told us, "It's lovely food". Another said, "The food is quite good and there's plenty of it". A further person added, "The food is very good. We just ask and they will bring what we want". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

Good

Is the service effective?

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager told us that people had access to Speech and Language Therapists (SALT) and Dieticians as required. We saw that a list of people's special dietary requirements, allergies and food preferences was clearly displayed in the kitchen to ensure that the cook and their assistant were fully aware of people's needs and choices when preparing meals.

Care records showed that when there had been a need identified, referrals had been made to appropriate health professionals. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. For example, one care worker told us how they would recognise that a person might have a urinary tract infection (UTI) and what action they would take if required. We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. One person said "The GP visits quickly if I don't feel well".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They look after me well. They are lovely. We always have a laugh and that's my tonic". Another person told us, "The staff are very caring and do everything for me, and always maintain my dignity".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. They explained what they were doing and offered reassurance when anyone appeared anxious. We observed one care worker providing effective one-to-one support to a person who appeared restless and agitated. They talked with them calmly, engaged them in conversation face to face, provided reassurance about their worries and sat with them until they relaxed.

From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We were given examples by staff of how they had got to know people, their personalities and the things they liked. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. One person told us how his passion for wildlife had led to a staff member coming in late at night in their own time to take photographs of badgers in the garden outside their window, which they then had framed as a gift. We saw that staff also saved sandwich crusts and broken biscuits to give to this person to feed the birds outside their window.

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and groomed and wore jewellery. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One member of staff told us, "We make sure that the people receive personal care in the privacy of their bedrooms, partially cover them when helping them to wash each morning and make sure bathroom and toilet doors are closed".

The registered manager and staff recognised that dignity in dementia care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do, where they would like to spend time and empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. The registered manager told us, "We treat residents as individuals and give them choices. You need to put yourself in their shoes, as what you think is best and what they think is best could be different things".

Staff supported people and encouraged them, where they were able, to be as independent as possible. A member of staff told us, "We do all we can to keep their independence, the residents feel like my family". Consideration had been given to providing people with tasks to help promote independence, feelings of identity and self-worth. The registered manager told us, "We have residents who help out with the washing up and laying the tables and filling up the marmalade. Another resident used to work in the library and they deliver the post for us".

Visitors were also welcomed. The registered manager told us, "Visitors can come and go as they please. We have special services and Sunday church that they attend. Plus we have a guest room for when visitors want to stay over".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I haven't got any grumbles, I'm happy with my routine. Everyone would love it here". Another said, "I am contented with the pattern of life here".

There was regular involvement in activities. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. One condition of residency at the service was that residents should be members of the Gospel Standard Churches, or that they regularly attend their chapels. As a result, all residents shared a common faith and were able to participate in the daily prayer meeting and bible reading in the lounge. They could also attend the regular services held throughout the week in the local Baptist chapel, which were also relayed live to people's rooms for those who were unable to attend.

Additional regular organised activity sessions included a craft session, gentle exercises, baking mornings and trips out in the service's minibus. We saw that the service had a dedicated library and a daily delivery of newspapers which people enjoyed. One person told us they enjoyed playing the piano. We saw there was a shop trolley where people could buy small items such as toiletries and writing material when they wished.

There were four recently hatched chicks to interest people in the communal area, and one person told us how much pleasure they had from caring for the resident cat. Everyone was able to access the well maintained garden, with a summer house where they could relax if they wished. Also many people had bird boxes and feeders outside their rooms to provide them with an additional interest. One person told us how they spent hours observing the birds in the garden and demonstrated to us how many greeted him when he offered them seeds through his window.

The service was part of the local community and was supported by the 'home support group' of volunteers from the local chapel. We were told that they visited people regularly, accompanied them to appointments when required, attended chapel with them, took them shopping and organised activities of their choosing. One person told us how much they valued the friendship of their support worker who visited her weekly and had recently helped her bring order to some of her belongings.

We saw photographs of events and outings attended by residents over recent months, and everyone told us they were happy with the level of activity available and content with the daily routine.

The service supported people to maintain their hobbies and interests, for example one person was a keen gardener and was involved with maintaining the raised vegetable beds with rhubarb, tomatoes and soft fruit. The service also encouraged people to maintain relationships with their friends and families. The registered manager told us, "One resident was invited to a family wedding. A member of the support group is taking her. She has chosen her outfit, hat and jewellery and is very keen to show us".

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to manage and maintain those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could

Good

Is the service responsive?

affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. Records showed that comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint a reminder was given to staff to pass on all relevant information in handover meetings. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and following suggestions from residents at a meeting, changes were made to the menu and activities on offer.

Requires improvement

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager and felt the service was well-led. Staff and people commented that the registered manager was visible and spent time 'on the floor'. We were told the registered manager was open and approachable and they would go to her if they had any queries or concerns. One person told us, "The manager spoils everyone and you can talk to her at any time". A member of staff said "It's a lovely place to work and it's like a big family". Although people had high praise of the management, we found and area of practice which required improvement.

Mechanisms were in place for the recording of incidents and accidents. Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved. Each incident/accident then considered any further action and what that incident/accident meant for the person involved. For example, after one incident we saw that a person had falls prevention safety equipment put in place and had their fluid intake recorded. However, mechanisms were not in place to monitor incidents and accidents on a regular basis over time to help identify any emerging trends or themes. We looked at the incidents and accidents for 2015 and identified that out of 12 incidents/accidents in total, eight of these had occurred with the same three people. The lack of a central audit for incidents and accidents meant we could not easily identify if any work had been undertaken in relation to the these people and incidents collectively. It was clear that following each incident, action was taken. However, we could not see what action had been taken in relation to analysis of trends over time, so that patterns with common causes could be identified and prevented. Providers and registered managers are required to have systems and mechanisms in place to enable them to identify patterns or cumulative incidents. We have identified this as an area of practice that requires improvement.

We discussed the culture and ethos of the service with the registered manager. They told us, "The ethos and purpose of the home is to accommodate elderly people with the denomination of strict Baptist, to provide an environment that is safe, inclusive, where they can be spiritually supported with like-minded people. Staff are extremely aware of this ethos and we deliver a very high standard of care and support". The service had a clear and well publicised purpose and ethos based on the distinct position of the Gospel Standard articles of faith, and people and staff were fully aware of it.

In respect to supporting staff, the registered manager said, "I'm very approachable and a good communicator. I know the staff and we support them". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The manager is very approachable. Nobody is above anybody here. We are all equal and the team is lovely". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "I'm confident that staff would raise any issues. We encourage them to and they are all aware of their responsibilities". A member of staff said, "The manager is absolutely amazing, very approachable, always understanding, pleasant and really OK".

Management was visible within the service and the registered manager took a 'hands on' approach. The registered manager told us, "Staff are supportive of each other. We know our strengths and weaknesses. I worked as the second care worker on the night shift last night. I think it improves quality to work in different roles". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We saw that the staff were knowledgeable about the people they were caring for, and were able to feedback on any issues. For example, we saw how through the suggestion of a member of staff, the introduction of a laundry bin for someone who had difficulty managing their dirty clothes had been introduced with good effect. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The staff team is good. We help each other out and any issues are always sorted out". Another said, "The staff team is really good. I look forward to coming to work and meeting friends. It's a good atmosphere, everyone is friendly".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They were confident they would be supported to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose

Requires improvement

Is the service well-led?

concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, care plans, infection control and medicines practices. The results of which were analysed in order to determine trends and introduce preventative measures, where necessary. Information gathered from regular audits, monitoring and feedback was used to identify any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, we saw that through audit activity, the service had implemented an infection control 'champion' and that policy and procedure documentation was being updated in line with new legislation.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector, and we saw minutes of meetings to support this. Up to date sector specific information was also made available for staff, including guidance around dementia care, the care certificate and the Care Act 2014. We saw that the service also liaised regularly with the Local Authority in order to share information and learning around best practice and care delivery.