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Dean House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 October 2017 and was unannounced.

The last inspection took place on 5 September 2016. As a result of this inspection, we found the provider in breach of four regulations, in relation to person-centred care, need for consent, nutrition and hydration needs and good governance. We asked the provider to submit an action plan on how they would address these breaches. An action plan was submitted by the provider which identified the steps that would be taken. At this inspection on 18 October 2017, we found the provider and registered manager had taken appropriate action and these regulations had been met. As a result, the overall rating for this service has improved from 'Requires Improvement' to 'Good'.

Dean House is a residential care home registered to provide accommodation and care for up to 27 older people, some of whom are living with the early stages of dementia. At the time of the inspection, 23 people were living at the home. Dean House is situated close to the seafront in a residential area. Communal areas include a living room, dining room, conservatory and accessible gardens. A lift and two staircases provide access to the first floor.

A registered manager was in post. 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 told us they felt safe living at the home and that staff supported them well. Staff had been trained to recognise signs of potential abuse and knew what action to take in relation to any safeguarding issues. Risks to people were identified, assessed and managed appropriately. Risk assessments provided detailed advice and guidance to staff on how to mitigate risks. Staffing levels were within safe limits. Robust recruitment systems ensured new staff were vetted as needed before they came to work at the home. Medicines were managed safely.

Staff had a good understanding of the legislation in relation to mental capacity and protecting people's liberty and put this into practice. Capacity assessments for people had been completed as needed and applications made to the local authority where it was felt people were deprived of their liberty. People received a choice in what they wanted to eat and drink. Nutritious meals were provided and people told us they enjoyed the food on offer. People had access to a range of healthcare professionals and services and spoke positively about the home. Staff had completed a range of training that enabled them to carry out their roles and responsibilities. They had regular supervision meetings and staff meetings also took place.

People were looked after by kind and caring staff and positive, friendly relationships had been developed. Staff engaged with people appropriately and had time to spend with them. People spoke highly of the staff who looked after them. People were encouraged to be involved in decisions relating to their care and were

treated with dignity and respect.

People were asked for their views in the organisation of activities and a range of activities was on offer. Some people felt there was a lack of outings into the community and told us they would like to go out more. This is an area that needs improvement. Care provided was responsive to people's needs and delivered in a person-centred way. Care plans were detailed and contained information for staff on people's personal histories, care and support needs. Complaints were managed in line with the provider's policy.

People and their relatives felt the home was well run. People were asked for their views about the home through residents' meetings and questionnaires. People felt involved in developing the service. The registered manager was popular with staff and staff felt valued working at the home. Staff were asked for their feedback through employee questionnaires. Systems were in place to measure and monitor the care delivered and the service overall.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe living at the home. Staff had been trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessed appropriately. Risk assessments contained clear guidance for staff on how to mitigate risks.

Staffing levels were adequate to meet people's needs. Safe recruitment practices were in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had sufficient to eat and drink and menus provided choice.

People had access to a range of healthcare professionals and services.

Staff completed a range of training, received regular supervision and attended monthly staff meetings.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

People were involved in choices and decisions relating to their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

A range of activities was organised in line with people's suggestions. There was a lack of outings into the community.

Care plans were detailed and person-centred and provided comprehensive guidance to staff. People and their relatives were involved in reviewing care plans.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

Systems were in place to monitor and measure the quality of care provided and the service overall.

People were asked for their views about the home through residents' meetings and questionnaires.

Staff felt supported by the management and effective teamwork ensured smooth running of the home. Staff were asked for their views in relation to working at the home.

Dean House

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.

The inspection took place on 18 October 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with nine people living at the service and spoke with two relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, the operations manager, three care staff and the chef.

Good

Is the service safe?

Our findings

People were protected from avoidable harm and abuse and told us they felt safe living at Dean House. One person said, "I am very well indeed and I feel very safe living here". Another person told us, "I am being supported very well and I am safe and looked after very well here. I tend to spend most time in my room by choice and the carers respect that". A third person said, "Yes, I feel so safe here. I couldn't ask for more. I really like my room. It is just perfect because I can get out on to the balcony". Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. One staff member explained their understanding of safeguarding and said, "It could be about someone self-harming; there would be no sharp objects they could harm themselves with". When asked about abuse they told us, "I would make sure the person is happy to have a female member of staff. If I witnessed anything I would tell the manager, the local authority or CQC". They went on to name types of abuse such as verbal, financial, physical, emotional and sexual. The local authority's safeguarding policy and procedures information was available to staff in the office.

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. Risk assessments identified the likelihood of particular risks, scored these and allocated a risk rating, for example, medium or high. We looked at risk assessments for people in relation to scalds, infection, moving and handling, nutrition and skin integrity. Waterlow assessments had been completed. Waterlow is a tool used to assess a person's risk of developing pressure areas. One person, who was at risk of pressure ulcers, was repositioned regularly in bed to relieve pressure on various parts of their body. Repositioning charts had been completed as needed. We checked the frequency with which this person was repositioned as times had not always been recorded in line with their care plan. The registered manager investigated this and confirmed this person was repositioned when their continence needs were addressed. Whilst staff had recorded when the person's pads were changed, they had not always remembered to record the person had also been repositioned. The registered manager followed this up and after the inspection we were reassured that repositioning had taken place for this person as required. Personal emergency evacuation plans had been completed for people. These provided advice and guidance to staff should people need to be evacuated from the premises in the event of an emergency.

We observed two staff supporting a person to transfer from their wheelchair. The brakes were not applied whilst the manoeuvre took place. In addition, we saw that the footplates on the wheelchair had been positioned in such a way that the person's legs were raised to quite a high position. The staff involved in this moving and handling procedure appeared unsure of how to complete the operation and the person looked uncomfortable with what was happening. A third member of staff quickly arrived and knew what to do. A cushion was placed behind the person to raise them up slightly, which meant the footplates were in an appropriate position. The registered manager later told us that the two staff had become anxious whilst being observed and had been reminded of safe moving and handling techniques, which they had been trained in. We were reassured that this was an isolated incident and that the staff involved were competent

in moving and handling people safely. People told us they were encouraged to be as independent as possible. One person said, "I can do some things by myself, but I am supported in others". Another person told us, "I do most things by myself with a little help. I know that if I needed help staff will be there to help me out. They help me walk about on my frame and they are very supportive on anything that I need done".

At the time of our inspection, 23 people were living at Dean House. Four care staff were on duty in the morning and three in the afternoon. At night two care staff were on duty. In addition, the registered manager and a team leader could augment staffing levels on some days. Catering staff and housekeeping staff were also working during the day. We asked people for their views about staffing levels. One person said, "I think they could do with more staff. I like the permanent staff, but I'm not so keen on the agency ones. It is not their fault really because they don't tend to know us and our habits very well". Another person told us, "I feel that they are at times overstretched and in a rush. They don't seem to have enough time with all of us. They need to take on more staff to make the service even better". However, people felt that staff were available when needed. One person said, "The girls are always there when you need them". A second person told us, "The carers are kind and very helpful. When I call them using my bell, they respond quickly".

We asked staff whether they felt there were sufficient staff on duty to meet people's needs. One staff member said, "When people are being washed and dressed, we do a lot of running around. Staffing levels are always the same". They added that agency staff were used on most days. Another staff member felt that staffing levels were adequate, but that an additional member of staff in the morning, when people were getting out of bed, would be useful. A third staff member commented, "More staff; staffing levels are generally low". However, a fourth staff member said, "We are in the throes of recruiting. Sometimes you feel you could do with more, but most of the time it's okay". The registered manager told us they tried to use the same agency staff to maintain a consistency of care and that they advertised frequently for new staff. The registered manager said that staffing levels were based on people's care and support needs, but that they would review staffing levels in the early morning and implement any changes if needed. From our observations, there were sufficient staff available to meet people's needs.

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

Medicines were managed safely. One person said, "I take a number of tablets a day. I don't know what they are for, but the nurses help me take them at mealtimes. There has never been any delays with my medication". Another person told us, "I get my medicines regularly and they normally do ask me before they give them to me". We observed a member of staff administering medicines to people. One person was asleep, so their medicines were put back inside the medicines trolley and were administered a little later after the person had woken up. The staff member washed their hands between each administration and when administering eye drops to one person, wore protective gloves. After each administration, the staff member signed the Medication Administration Record (MAR) in confirmation. Medicines that were required to be refrigerated were stored appropriately. We looked at the provider's medicines policy and medicines were ordered, stored, administered and disposed of in line with this policy. Staff had been trained in the administration of medicines and records confirmed that staff competencies to administer medicines had been completed.

Good

Is the service effective?

Our findings

At the inspection on 5 September 2016, we found the provider was in breach of a Regulation associated with the need for consent. We asked the provider to take action because suitable arrangements were not in place for obtaining and acting in accordance with the consent of people, or acting in their best interests, in line with Section 4 of the Mental Capacity Act 2005. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 the last inspection, some people had bed rails fitted which, whilst preventing them from falling out of bed, restricted their movements. The registered manager had not explored other less restrictive options and had not completed decision specific capacity assessments in relation to the use of bed rails. Capacity assessments we looked at during this inspection were decision specific and showed that all options had been considered before a best interests' decision had been made. Where relatives or others had Lasting Power of Attorney and the authority to make health and welfare or financial decisions on behalf of people, appropriate documentation was in place. We asked staff about their understanding of the MCA. One staff member said, "This is the legislation that we use to find out if a service user has capacity or not. We do an assessment for best interests' decisions". Another staff member told us, "The MCA is about whether someone has mental capacity. They may have capacity in some areas and not in others. It's about making sure the right decisions are made, to make sure you don't take away their liberty". Where DoLS had been applied for, applications had been completed as needed and sent to the local authority. A relative told us, "Thankfully [named person] health has been good since she has been here, but of course I assume they will seek consent before anything like treatment is done to her".

At the inspection on 5 September 2016, we found the provider was in breach of a Regulation associated with meeting people's nutrition and hydration needs. We asked the provider to take action because some people's nutrition and hydration needs were not met and there was insufficient support for one person to eat or drink. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

At the last inspection, we found that people who stayed in their rooms may not always have had sufficient to eat and drink and that the recording of their food and fluid intake had not been completed as needed.

Drinks were not always freely available to people who stayed in bed, as they were not always placed within reach. At this inspection, we looked at a range of records in relation to people's nutritional intake. How much people had eaten and drank each day was documented, although the amounts consumed had not always been totalled. However, it was clear exactly how much each person had consumed as recording was clear. We were told by the registered manager that food and fluid charts were kept for most people living at the home, even though they may not have been assessed as at risk of malnourishment. People's weights were taken, with their consent. Drinks were freely available to people around the home, with regular drinks on offer from a trolley at various times of the day and a water machine in the hall and sitting room. Smoothies were also served to supplement people's calorie intake and people had snack baskets in their room, containing popcorn and biscuits; drinks were within reach. Menus were planned over a four weekly cycle and changed in the summer and winter. Special diets were catered for, such as for people living with diabetes where artificial sweeteners were used. Cream and butter were used to supplement dishes where people required additional calories. The chef said, "If people want something different, they can have it, like omelette, jacket potato or egg and chips. They can have a cooked breakfast if they want". Menus were discussed at residents' meetings and changes implemented according to people's preferences.

We observed people having their lunch in the dining room. Three or four people were sat at each table and the food served was well presented, smelled good and looked nutritious. People we observed managed to eat independently, apart from one person who was supported by a member of staff. This staff member conversed pleasantly with the person they were assisting. Drinks were served and people were enjoying their lunchtime meal and engaging in conversation with people sat with them. Some people preferred to eat in their rooms and we observed meals being taken by staff to people's rooms. Where required, staff supported people to eat their meals in their rooms. We asked people for their views about the meals served at Dean House. One person said, "The food is generally good, though we are given a very limited choice". However, a second person felt differently and said, "I get enough to eat and we have good variety and choices". A third person said, "I get enough to eat and drink and I have a very good appetite. I will always finish my plate".

People had access to a range of healthcare professionals and services. We were told that GPs visited people when there were concerns about their health. We saw a range of letters and records within people's care plans which recorded the input people had received from a variety of healthcare professionals such as opticians, chiropodists and specialists. The registered manager told us that they also provided physiotherapy and exercises for people and that a physiotherapist visited the home to meet with people individually or conduct group exercises. People were satisfied with the healthcare support they received. One person said, "I know that if I ever needed a doctor or nurses, they will make sure that I get one, but I don't think I need a doctor at the moment". A relative told us, "Yes [named family member] is visited by a doctor in here, but if things got worse, they would be taken into hospital".

People we spoke with were happy with their bedrooms and talked positively about the environment of the home. One person said, "I like my room and I can hang my paintings wherever I want". Another person told us, "My room is kept clean all the time and I have enough space". At the time of our inspection, the home was attractively decorated ready for a Hallowe'en event. People had access to pleasant gardens and a summer house had just been erected, so people could enjoy this facility when it was completed. We observed people were able to navigate their way around the home. One person, who had difficulty recognising where their room was located, had a pink bow outside their room which helped them to orientate.

Staff completed a range of training considered essential to carry out their roles and responsibilities. We asked people for their feedback about staff. One person said, "I think that they do reasonably well although

some are not as good as others, but they do try their best". Staff told us about the training they had received. One staff member gave us examples of training they had completed in falls prevention, diabetes awareness, moving and handling, continence and dementia awareness. They had also completed vocational training to level 2 in health and social care. The staff training plan showed staff were up to date with their training in health and safety, food hygiene, safeguarding, medicines, infection control, emergency first aid, fire, moving and handling, mental capacity and deprivation of liberty safeguards, dementia awareness, risk assessments, fluid and nutrition, dignity and respect, diabetes awareness and falls prevention. We looked at the staff supervision schedule which showed that staff had received at least two supervisions during 2017 to date. One staff member said, "We sit down and look at things that need improving". Staff meetings were held on the first Thursday of every month and a staff member told us, "We discuss changes of residents and what we could do better". Staff also had regular observations of their working practice, for example, how they delivered personal care to people.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We spent time in the sitting room during the morning and observed staff engaging with people who lived at the home. It was clear that staff knew people well and we saw people happily chatting with staff throughout our inspection. Staff treated people with empathy and were sensitive to their needs. We observed numerous occasions of the caring attitude of staff and that they treated people with warmth and compassion. One person said, "The carers are really good and hard working and always listen to me. They do understand my needs. I am well looked after and staff talk and listen to me if I have any concerns. I get on well with everybody and I have no concerns at all, nothing to add". Another person told us, "All the carers here are so good to me. They are kind and helpful and I know that if I had any problems, they will be there for me. Though I do some things by myself, I do depend on them. I trust them and I have every confidence in what they are doing. They seem to be capable in what they do".

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. One person said, "They do listen to what I say and they respect my wishes, including on how I dress". This person had particular preferences in the clothes they chose to wear and staff respected these. Another person told us, "They do ask me before they do anything, like waking up in the morning or dressing. I am being looked after well. Staff listen to me and respect my views". A third person said, "I do believe my opinions matter". A fourth person told us, "My daughter deals with my care issues as I cannot manage".

People were treated with dignity and respect and had the privacy they needed. One person said, "They respect my choices. I like spending most of my time in my room, watching television, and they respect that". Another person told us, "Yes, they treat me with respect and I do like that. The home meets my requirements". We observed staff being discreet when asking one person if they would like to use the bathroom before lunch. We asked staff how they would treat people with dignity and respect. One staff member said, "You make sure they're happy and you let them choose what they want to wear. I cover people up when washing them and I give them the respect I would want. I always respect the elderly because that's the way I was brought up". Another staff member said, "I always knock on the door and call people by their preferred name. I treat them as a human being and close the curtains when performing personal care and always ask them first. I talk to them and not at them". A relative said, "The home is very open to visitors and whenever I come here, I get a cup of tea. I think that they are caring and they do their best to care for all the folks here".

Staff told us that when people were unwell or reaching the end of their lives, that they would sit with them. One staff member talked about one person who they loved to sit with at night and that the person appreciated this.

Good

Is the service responsive?

Our findings

At the inspection on 5 September 2016, we found the provider was in breach of a Regulation associated with person-centred care. We asked the provider to take action because care and treatment for some people was not always appropriate to meet their needs or reflect their preferences. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation.

At the last inspection, staff did not always spend time with people or engage in meaningful activities; care was task-led. People were at risk of social isolation if they spent time in their rooms and were unable to engage with organised activities. Care plans were not reviewed on a regular basis with people and their relatives. Care plans did not always include personal histories or information about people's past lives before they came to live at Dean House. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

The registered manager told us that people had asked for particular activities and said, "They have all sorts, musical entertainment, cinema, bowls and races". We observed people enjoying a game of carpet bowls during the morning of our inspection. A magician had been organised to celebrate a Hallowe'en event, to which families were invited and children. The magician had proved popular amongst people and visited the home regularly. A pantomime was being organised for Christmas. A range of activities had been organised for the month including Bingo, games, arts and crafts, reminiscence and films. External entertainers came to the home. One staff member said, "We do have time with people, but it would be nice to be able to take people out more". Community outings were not organised and people relied on their relatives or staff to take them out. One person said, "I do not manage as well as I used to. I cannot remember most things, especially names and I get help from the carers who try to encourage me to do activities, but you see I am old and I cannot do most things". Another person told us, "This home is as good as it can be, but a little boring. We don't go out much. I prefer staying in my room and they let me do that. I also prefer having time in my room here and sometimes in the dining room and they are fine with it". A third person said, "They give me enough to eat and drink, but the only slight setback is that we don't seem to get out much. It can be boring staying in here all the time without going out". Outings into the community did not take place routinely and many people we spoke with felt they would like to go out more. We shared this feedback with the registered manager at the end of the inspection.

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. People's personal histories were recorded in their care plans in a document entitled, 'All about me, my life and what is important to me'. For example, one person enjoyed reading their Kindle as the print could be enlarged making it easier to read. They enjoyed knitting and crosswords and particular kinds of sweets. Another person's life story included lots of photographs which provided points of reference and enabled them to reminisce about their past.

Care plans provided detailed and comprehensive information and guidance to staff about people's care and support needs. For example, a summary document at the front of each care plan provided a quick overview about people and then the care plan provided more detail. Areas covered included mobility and where people might need help from staff to reposition when they were cared for in bed or information about moving and transferring. Other areas included people's continence needs, mental health, health and wellbeing, communication, nutrition and personal care. People had signed to show they consented and agreed with their care plans. Daily records were completed by staff which demonstrated how they supported people and monitored their care. Keyworkers were allocated to people and they were responsible for contributing to people's care plans and talked with families to find out about people's life histories. Every month, a set of observations took place in relation to people's blood pressure and weight monitoring to monitor people's health. Care plans were reviewed monthly. One staff member, when asked about the involvement of people and their relatives in care plans, said, "We sit and talk to people. We've got life stories and health care passports. We ask them if anything needs to be changed. At the end of the day, it's always about them". We asked people about their involvement in their care planning. One person said, "I don't know much about the care plan. The carers and my grand-children do handle that and inform me if there is anything I need to know". A second person told us, "I know I have a care plan which is kept in the office. They take care of that but also consult me about my care". A third person said, "Yes, I am fully involved in my care plan. I can see a doctor at any time, especially to do with my eyes". Relatives confirmed they were involved in reviewing their family members' care plans. One relative said, "Yes, we are consulted on the care that they provide. If we had any issues, we would take it up with the management and I think they will listen".

Complaints were managed in line with the provider's policy. We looked at the complaints record which showed how each complaint was managed to the satisfaction of the complainants concerned. People knew how to make a complaint if they had any concerns. One person said, "I have no issues to complaint about, but I know my rights. I would complain to the manager or any of the care staff here". Another person told us, "I have never felt the need to complain of anything. If there was anything, I would speak to the staff here and the manager".

Good

Is the service well-led?

Our findings

At the inspection on 5 September 2016, we found the provider was in breach of a Regulation associated with good governance. We asked the provider to take action because systems and processes had not been established or operated effectively to ensure compliant and contemporaneous records had not been maintained for people. Following the inspection, the provider sent us an action plan which showed what steps would be taken to meet this regulation. At this inspection, we found that sufficient improvements had been made and that this regulation was met.

At the last inspection, systems were not always effective in monitoring people's care and support needs to drive continuous improvement. Care records were not always consistently maintained. At this inspection, we found there were monthly audits that monitored medicines management, health and safety, infection control, food hygiene, mattresses and call bell audits. Accidents and incidents that took place were analysed for any emerging trends or patterns. Care plans were reviewed monthly to ensure they were current and met people's needs. Staff were observed by senior staff to check they were competent in their roles and feedback given. One person said, "It is a lovely place, especially as the service is improving all the time". Another person told us, "They seem to do a lot of good at this home and that is why we are all here". A third person commented, "I am happy to recommend this place to any person with needs like mine". A relative said, "I think that this home is well managed and the residents are well looked after".

People were involved in developing the service. One person said, "I think that my views count. They talk to me about anything and I can also ask them about anything". A second person told us, "I think my views are considered carefully. They talk to us all the time and I am sure they get information that way from us". Residents' meetings were held on a monthly basis and we looked at the minutes of a meeting held in September 2017. Items discussed included quality assurance, menus, activities, the summer house, fire drill, hairdresser, animals visiting and any complaints. People were also asked for their views about the service through questionnaires, the last of which had been completed recently, with 18 responses. People were asked for their feedback on the catering and food, personal care and support, daily living, premises and management. One person had expressed dissatisfaction on an issue and a meeting had taken place with them to discuss their concerns, with the outcome recorded.

The home was well managed and the registered manager was popular with staff. One staff member said, "I enjoy working here and I love spending time with the residents. I like the managers very much and feel I could go to either of them if I had any concerns". Another staff member told us, "It's friendly and it's a nice home. I get on with the residents and I have a chat with them". Staff felt that they worked well as a team and that they were supported by managers who ensured everyone worked together to ensure smooth running of the home. One staff member commented, "I love it. The residents are well cared for. Everyone works well together and care staff are devoted to residents". We saw the provider had a whistleblowing policy in place and staff knew who to contact if they had any worries or concerns.. Employees were asked for their views about working at the home and of 16 responses, the majority of staff were happy in their work. The registered manager felt supported by the providers who visited every couple of weeks. The registered manager told us they would have telephone conversations with the providers on most days and

said, "They're very supportive. If we need something for the home, nine times out of 10 we get it". A relative said, "I think people are being looked after very well. They are in the best of hands as we could not provide them with the level of care that they are getting here at the home. The carers are good and I have not seen any lapses in the care they provide to people".