

## Selborne Court Res Home

# Selborne Court

### 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 ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Selborne Court on 10 and 11 January 2019.

Selborne Court 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. The care home accommodates up to 20 older people in one adapted building. There were 17 people living at the home when we visited.

A requirement of the service's registration is that they have a registered manager. 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. A registered manager was in post at the time of our inspection.

At our previous inspection on 24 October 2017 we found the provider was not meeting the required standards. The provider had not fully implemented systems and processes to monitor the quality and safety of the service to drive improvement within the home. People did not always receive care and support in accordance with their wishes and we identified risks to people's safety. There was a breach of the legal requirements and improvements were needed across the service. We rated the three key questions of 'Safe', 'Responsive' and 'Well Led' as 'Requires improvement'.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Selborne Court' on our website at [www.cqc.ork.uk](http://www.cqc.ork.uk).

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. During this inspection visit we checked action taken. Sufficient improvement had been made to address the breach in the regulations and the key questions of 'Safe' and 'Responsive'. Action was in progress to fully address improvement within the key question of well led. We rated the service to be 'Good' overall.

Quality monitoring systems had been introduced or improved to gather people's views and drive improvement of the home. The provider had undertaken some meetings with people and staff. Audit processes had improved following the last inspection but some records did not demonstrate risks were managed well. This included recruitment records, medicine records, accident and incident analysis and health and safety records.

People has access to some social activities which they enjoyed and their religious needs were supported as appropriate. In response to people's feedback a new staff member was being recruited to increase social activity opportunities.

Staff had completed training to make sure they knew how to support people safely and people felt safe were suitably trained. Staff felt confident in their roles and understood their responsibilities. They had regular supervision meetings with the registered manager to assess any ongoing training and development needs.

People felt safe living at Selborne Court and the atmosphere was relaxed and homely. Staff knew how to recognise signs of abuse and understood their responsibilities to report any concerns. Staff knew people well and knew how to manage risks to keep people safe. No safeguarding incidents had occurred since our last inspection. People knew who to speak with if they had any concerns. When concerns had been raised, they had been investigated and responded to.

The home was clean, and staff understood what was required of them to maintain good infection control within the home.

People were happy living at Selborne Court and were happy with the staff, care, and support they received. People were encouraged to have choice and control of their lives and to make decisions about their care. Staff treated people with kindness and knew what was important and mattered to them including supporting them with their independence.

Staff gained consent before supporting people and respected people's dignity and right to privacy. People enjoyed the meals provided.

People told us they could access a doctor if they needed one and records confirmed health professionals were contacted promptly when concerns were identified.

People received their medicines as prescribed by suitably trained staff.

The registered manager and staff understood their responsibilities in regard to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to deprive people of their liberty where this was in their best interests. People and staff described the registered manager as approachable and supportive. The registered manager knew people well.

Staff enjoyed working at the home and felt supported by the registered manager and the provider. Most staff had worked at the home for a number of years so people experienced a consistent staff team who knew people well. Staff referred to the service as being like 'family'.

## 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 felt safe and there were enough staff available to support people's needs in a timely way. Staff knew about risks associated with people's care and how to recognise abuse and to report any concerns. The home was clean, and people were protected from the risk of infection. Staff were recruited safely. People received their medicines and the storage of medicines was secure.

### Is the service effective?

Good ●

The service was effective.

Staff had received training to meet people's care, support and health needs. People received food and drink of their choice to meet their nutritional needs and preferences. People had access to healthcare professionals when required. The provider worked within the requirements of the Mental Capacity Act (2005). Staff understood the principles of the Act.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and there was warmth in their interactions and exchanges with staff. Staff supported people's independence and showed people respect. People's privacy and dignity needs were met.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and had access to some social activities of interest to them. People's care plans detailed their likes and dislikes and staff knew people well. Complaints were recorded, investigated and responded to in a timely way. People were happy with their care.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People were positive about the management of the home. Audit processes were not always fully effective in identifying improvements needed. Records were not always sufficiently detailed to show risks were managed. Staff felt supported by the provider and registered manager and spoke positively about working at the home. Quality monitoring systems and processes were in place.

# Selborne Court

## 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 10 and 11 January 2019 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home which included information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law such as accidents and incidents in the home. We looked at information received from agencies involved in people's care. There had been no concerns received by any agencies.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. 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 looked at two people's care records. We also viewed other care documentation including daily records of care and medicine records. We looked at staff handover records, duty rotas, complaints records, and accidents and incident records. We completed observations in the lounge and dining room area during the day and completed a tour of the home to check the environment was clean, safe and suitable for people.

We spoke with five people, three staff members and the registered manager.

# Is the service safe?

## Our findings

At our last inspection visit we found improvements were needed to manage risks to keep people safe. At this inspection improvements had been made and the rating is now 'Good'.

During our last inspection we found equipment checks such as mattress checks were not consistently completed. During this inspection records had been implemented to demonstrate checks were carried out. However, the records did not make it clear what had been checked, for example, if mattresses were clean and if specialist mattresses were set correctly. The registered manager assured us the checks had been made and amended the check form to include this information during our inspection visit.

During our last inspection we identified some radiators around the home had no protectors on them, hot pipes were not lagged and portable heaters were in use which posed a burn risk. Following the inspection, we were informed pipes had been lagged, portable heaters had been raised off the floor and radiators had been covered. We saw most of these actions had been taken with the exception of pipes in the showers which remained exposed. The registered manager told us these pipes did not get hot and were "luke warm" when in use. Following our visit, the provider decided to "put the showers out of action" while they arranged for them to be lagged. We received confirmation this had been done to minimise risk. Staff told us most people had baths as opposed to showers. Other equipment such as hoists were regularly checked to make sure they were safe for people to use.

All the people we spoke with told us they felt safe living at the home because they knew the staff well and the environment was secure. One person told us, "It's very friendly, you are not frightened to ask or tell them anything. We saw the atmosphere in the home was friendly and relaxed and staff were readily available to support people's needs.

Staff had completed fire safety training and knew what was expected of them in the event of the fire alarm sounding. People had up to date personal emergency evacuation plans (PEEPs) that were accessible to staff and the emergency services. The plans detailed the assistance people would need to evacuate the building safely.

All staff had completed safeguarding people training and knew what signs to look for which might indicate a person may be at risk. Staff understood their responsibility to report any concerns to the registered manager. There was a safeguarding reporting procedure on the wall to guide staff in the event a safeguarding referral was required. The registered manager told us there had been no safeguarding incidents reported to them. We had not received any from other agencies.

The provider's recruitment process required a number of checks to be made before staff started work at the home. This included obtaining references and completing a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. Although the registered manager had completed all checks, some of the records did not reflect this. We discussed this with the registered manager and records were updated with immediate effect.

Before people lived at Selborne Court the registered manager carried out an assessment of their needs to identify any risks and establish the support the person needed. This information was transferred into risk assessments and care plans with instructions for staff to follow to minimise any ongoing risks. One person became unsettled at particular times and during those times was at higher risk of falls. A staff member told us, "[Person] has things in their head that they think they need to do and will become unsettled. We have to be very reassuring to them ...side track their mind if we can and we usually can settle them." Staff knew how to manage this risk but information within the person's risk assessment did not make this clear.

We asked staff how they knew about any changes in people's health that could increase risks associated with their care. They told us this information was shared in handover records at the beginning of their shift. 'Handover' records we reviewed confirmed information had been shared.

People at risk of developing sore skin sat on prescribed pressure cushions to help minimise this risk. The registered manager told us staff completed records each day to confirm people's skin had been checked during personal care. Nobody at the home had any wounds or pressure ulcers at the time of our visit demonstrating these checks were effective.

People told us there were enough staff available to support their needs and said if they used their call bells, staff usually responded quickly.

People received their medicines as required and we saw medicines were stored securely. People told us staff administered their medicine on time and asked them if they wanted their medicines. One person told us, "Yes, they always ask" before administering their medicine. Staff had completed training on how to administer medicines safely and we saw staff followed good practice such as locking the trolley when they left it unattended.

## Is the service effective?

### Our findings

At our last inspection visit people received effective care. At this inspection visit people continued to receive effective care. The rating remains 'Good'.

People received care from staff who had the skills and knowledge to meet their needs effectively. People felt staff were suitably trained because they knew what they were doing and supported them safely. One person told us staff knew how to support them to walk. Another told us, "On the whole they are very good. Their personalities play a part, and age. They all have a good minimum standard."

Staff completed a range of training to update their skills and knowledge including training on equality and diversity and training linked to people's needs such as diabetes, person centred care, and dementia awareness. Staff confirmed their training was up-to-date and supported them to meet people's needs effectively. We asked one staff member about person centred training and what they had learnt. They told us, "It evolves around their (people's) wants and wishes and how they (people) would like us to work around their routine and mealtimes getting up times etc." This showed staff understood their training.

Induction training was provided for new staff. Staff told us the training was sufficient to support their needs. One staff member told us they had been shown around the home and the registered manager and staff had supported them to understand what was expected of them. The registered manager told us they were sourcing information about the Care Certificate so new care staff could complete training to achieve this which would support them in their role.

Staff had supervision meetings with the registered manager to discuss their ongoing work performance. Staff told us these meetings gave them an opportunity to discuss personal development and training requirements and they found them helpful. One staff member told us, "There are two different lots every 3 months, we talk about training needs and if I am happy and if I have any concerns."

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. Staff understood the principles of the Act and assumed people had capacity to make everyday decisions. We saw staff asked people for their consent before assisting them. The registered manager was aware two people's authorised DoLS had expired and had taken action to address this.

We asked people if they felt there were any restrictions placed on them at Selborne Court. One person told us, "I please myself what I do." Another told us they did not feel restricted "in any way" and chose to spend most of their time in their room which staff respected.

People spoke positively about the meals provided and said they had a sufficient choice. One person told us, "They asked about a year ago what sort of food I would like on menu. I suggested faggots and they bought faggots in. We had them once a week and I am still having them. I had them the day before yesterday." We asked people if they could have a snack when they wanted. One person told us, "I can have anything I like if I ask." They explained they were provided with plenty of drinks and we saw people were offered drinks regularly.

People's nutritional needs were assessed to ensure any support needed was provided. At the time of our inspection people at the home ate independently. Care plans detailed people's food preferences for example, one stated, "I enjoy meals on a small plate as I find if too much is placed in front of me I am turned off by this factor." The care plan described the times the person preferred to eat and their likes and dislikes. The person confirmed information in their care plan was accurate.

At lunchtime we saw meals looked appetising and were varied demonstrating people had been given a choice. Some people chose to eat in the dining room or lounge and some in their rooms. People who ate in their rooms had their meals taken to them on trays.

Peoples weight was monitored to make sure any health or nutrition concerns identified were acted upon. One staff member told us, "If people are unwell, we would contact the GP or seek advice. If people had problems with swallowing, we would contact the SALT (Speech and Language Therapy) team. We have information in the kitchen about good nutrition."

People told us they accessed health professionals when needed to support their needs. One person told us an appointment had been arranged for them to see a district nurse in the next few days to support them to manage a health condition.

## Is the service caring?

### Our findings

There was a relaxed and homely atmosphere at Selborne Court. People were treated with kindness and interactions between people and staff were warm and friendly. One person told us, "I think (staff) they are quite good really...some are more able to empathise than others. It's a natural thing, they can see if you have a problem and anticipate it and sort it out." For example, one person told us staff had supported them following an operation. They explained staff had moved the furniture around in their room which meant they were able to get in and out of bed independently. They had appreciated this.

Staff regularly asked people if they were alright and if they needed anything. They responded quickly to people's requests such as those for drinks and tissues. Staff were respectful in their approach to people and acknowledged people in a cheery way when they walked past them. Staff asked people about their family members which showed they knew people well. After lunch, a staff member asked a person who liked music if they wanted to listen to music rather than watching television. The person responded, "After the news" and this decision was respected. The staff member asked again after the news.

Staff told us they aimed to ensure people were happy living at Selborne court by getting to know them and their needs. One staff member told us, "You look at them how you would like to be treated yourself and never assume, you have got to ask them." Another told us, "When we are doing care plans we ask them what they want from their daily routine and what they want from their care from us, we always ask, we are in the habit of always asking, we don't just assume."

People told us staff treated them with dignity when supporting them with personal care and respected their right to privacy. Staff knocked doors before entering people's rooms and there was a dividing curtain in a double rooms to respect each person's privacy when delivering personal care. One person told us they chose to use the 'quiet lounge' every day with their family member and how staff respected their wish.

Care plans supported staff to maintain people's privacy and dignity and promote independence. A privacy and dignity policy document was included within each person's care plan which outlined the provider's expectations of their staff in regard to meeting people's needs. A staff member told us they always made sure doors were shut and they used towels to cover people when providing their personal care.

Staff told us how they ensured people felt cared for and valued. One staff member told us, "I would do anything for them (people) if they need something from the shops, I would get it. I have bought Christmas cards for people, handbags and nail varnishes for people. Anything I think would keep them happy." They went on to tell us one person had asked staff to purchase a lottery ticket for them and to collect their daily papers which they did for them.

The registered manager told us they regularly asked people about their care to ensure they were involved in decisions that impacted on them. They also understood the importance of people's relatives being involved in people's care (where appropriate). For example, the registered manager had spoken with one person's family member to find out the best way to manage the person's anxieties. Following this discussion, staff

had changed the way that they supported the person which had reduced the persons level of anxiety.

## Is the service responsive?

### Our findings

At our previous three inspections people had not always experienced care in accordance with their needs, preferences and wishes and we rated this key question as 'Requires Improvement'. At this inspection, we found people's experiences of living at Selborne Court had improved. We rated this key question as 'Good'.

When we arrived at the home some people were up, and others were in their rooms because they had chosen to have breakfast in their room or to have a lie in. This demonstrated people's choices were respected.

People wore clean clothes, and people's hair and nails were well kept which demonstrated people's personal care needs were met. Some ladies carried handbags, had their nails painted and wore items of their favourite jewellery which showed staff made sure people's individual preferences were met.

People's needs were assessed before they moved into the home and were reflected in their care plans to assist staff in ensuring their needs were met. Care plans had been reviewed regularly to ensure information they contained was accurate. At our last inspection a person was prone to bruising and their care plan lacked information about this. We found during this inspection action had been taken to address this. The registered manager had identified the medicine the person was taking meant they bruised easily and staff needed to be mindful of this when moving and handling the person.

Care plans detailed if people could make decisions independently. This included daily living choices such as choosing what clothes to wear. People told us how staff had helped them to be as independent as they wanted to be. One person told us, "I am not very mobile but I have been on one or two local shopping trips with staff" which they said they had enjoyed. Another person told us "I can get around with my walker to my own room, I can get to the toilet and I can get into bed and wash and dress myself." They explained when they needed help from staff, it was provided. For example, they told us they had limited movement in one of their legs and needed staff to apply creams to their legs which they were grateful for.

We asked staff how they involved people in care, one staff member told us, "Choices start from when they wake up such as what time they want to get up, what they want for breakfast, if they want a bath, what they want for tea, what they want for dinner and when they want to go to bed. Choice goes on all day long." Another staff member told us, "We don't make the decisions for them."

During our previous visit we identified some people had limited access to showers as they were accessed via a step. During this visit there had been no changes to the shower facilities. The registered manager told us they had spoken with the provider about improving them and they were considering fitting ramps. We were advised this was not impacting on people as only one person at the home had asked about having a shower and all people were happy to have a bath. Staff aimed to provide people's personal care in accordance with their wishes. One person told us, "I always have a bath, about once a fortnight. I tell them and they do it." A staff member told us, "They are generally quite happy to have a bath."

Staff knew people well and anticipated and responded to people's immediate needs, for example, staff identified the temperature in the lounge had cooled during the afternoon, they asked people, "Are you cold [name] do you want the fire turning up, you cold [name]? I will turn it up a little bit." Another person asked for "a piece of rag" and staff immediately knew they wanted a tissue and offered them one.

Staff told us about a person who at times could become agitated. At these times they aimed to engage the person in an activity which helped to lift their mood. One staff member told us, "I sing to residents that like it and get them up dancing."

Some planned social activities took place each week which included arts and crafts, card games, reminiscence and music which some people told us they enjoyed. One person told us they liked to read books and we saw they also had a newspaper to read.

One person said, "I am not a mixer and prefer to stay in my room." They told us they enjoyed knitting and we saw they had supplies of wool to help support this interest. Another person had chosen to attend a day centre where they could meet up with other people and share their interests. Staff knew it was cold outside and prompted and assisted the person to put their coat on. Staff showed a genuine interest about what they may be doing at the day centre.

A staff member told us, "We have folders on what their interests are and read them when they come in. We ask them what they like to do like [Name] likes to go into town. They went with one of the carers recently but haven't felt well enough to go since." The staff member told us if people didn't like doing an activity they had arranged, people usually spoke up and told staff which demonstrated people felt at ease and comfortable with staff to do this.

The registered manager was aware people wanted access to more activities based on their interests and hobbies. Action was in progress to employ a new member of staff specifically to provide social activities in line with people's choices and wishes.

People were supported with their religious needs. Information in care plans informed staff about any individual needs and wishes people had. A priest visited the home weekly and some people choose to have a blessing or receive Holy Communion. One person's visitors took them to their local church which they liked to do.

Birthdays and special events were celebrated. One staff member told us, "We had a party, a couple had a 50th wedding anniversary so we got singers in and all involved for a party. We had a Halloween party, made cakes and residents made masks. At Christmas time we made crackers and lanterns for rooms. We also had lady choir come in." People made reference to participating in these activities during our discussion with them with most stating they had enjoyed them.

Some people had end of life care plans and the registered manager told us most people in the home had a ReSPECT form which identified their personal priorities at the end of their life. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency where they are unable to make or express choices. It provides health and care professionals with a summary of recommendations to help them to make immediate decisions about that person's care and treatment in an emergency situation. The plan is created through conversations between a person and their health professional.

There was a complaints procedure available to people which contained details of who they could contact if

they had a concern. People told us if they had any concerns they would speak with staff, the registered manager or a family member. One person told us their relative had raised a concern on their behalf with the registered manager. We noted this had not been recorded in the complaints book which they told us was an error. The registered manager told us the complaint had been investigated and actions taken to help prevent it happening again. They completed the relevant records during our visit to demonstrate actions taken.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 24 October 2017 we found the provider had not ensured systems and processes were implemented in accordance with the health and social care standards. Effective quality assurance procedures were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. At this comprehensive inspection we found improvements had been made. However there remained areas where further improvement was required. We have therefore rated this key question as 'Requires Improvement'.

Since the last inspection, systems to monitor and improve the quality of care provided had improved. However, auditing processes had not identified some records were not sufficiently detailed to demonstrate safe management of risk. For example, the system to check all recruitment information where audit checks had not identified some of the information was missing. This presented a potential safety risk. The registered manager took immediate action to obtain this information to confirm staff were suitable to work with people. Duty rotas were not sufficient because the rotas did not detail staff roles and how many hours were dedicated to each role. This meant the provider could not assure themselves the hours staff worked were sufficient across all services.

An analysis of the accident and incident records was regularly undertaken by the registered manager and this included a process to monitor the number of people who had fallen. Action had been taken to make the necessary referrals where people had repeatedly fallen to minimise the risk of this happening again. However, the 'falls analysis' was not always sufficiently detailed to show how risks were managed. For example, one person had a health condition that made them feel dizzy and experience a loss of their balance but this information was not included in their falls risk assessment. There was reference to "regularly" monitoring the person but it was unclear how often or how this should be done.

Audit processes for checking medicines were not consistently effective. For example, the amount of medicines available at the beginning of the medicine cycle were not always recorded. This meant it was not possible to check the amount of medicines available, administered and remaining was accurate. Where this information was available, some of the medicine counts were not accurate, for example some were missing. Following our visit, the registered manager told us a more detailed audit of medicines had been completed and all medicines that should be available had been located. Records had been updated to reflect this and to show all people had received their medicines as prescribed.

Where people did not have capacity to make important decisions or manage their personal business we were told family members were involved in supporting people. However, records did not always clearly show family members had legal authorisation to do this on the person's behalf.

During our last inspection audit process to undertake health and safety checks across the home were not effective. We had identified hot radiators and unprotected hot pipes and heaters which presented a risk to people. We were told these risks had been addressed following our visit. However, whilst audit checks overall had improved, audit checks had not identified the unprotected pipes we identified in the shower

room. Although these were found not to present a risk, audit checks had not identified this to be the case until we had raised this with the registered manager. The door to the boiler room that had been found open during our last inspection visit was checked and was locked in accordance with the providers expectations.

Records confirmed checks such as electrical wiring, water and gas were completed to ensure the home was safe.

Communication systems included handover meetings which took place each day at the beginning of each shift. Since our last inspection visit, the handover system had been reviewed to ensure any concerning information was addressed promptly by the registered manager. A staff member told us concerns and changes in people's health were shared by a member of staff at the handover meeting and documented in care notes or doctor's notes. They told us, "Communication between staff and [registered manager] is good. [Registered manager] is always good at doing handover with great description."

More frequent meetings with people had been introduced where they discussed issues such as where people would prefer to eat, new menus and activities. Meeting notes showed people had put forward menu suggestions and these had since been provided. We saw where some of questionnaires had been given to people, positive comments had been received about the home.

Staff told us there had been three staff meetings since the last inspection and these meetings were not as regular as they would like. One staff member felt more meetings should take place so they could share their ideas and learning to benefit the effective running of the home. The registered manager told us although regular staff meetings had not taken place with all staff, they held regular supervision meetings with staff where they could discuss any concerns or training and development needs. Staff confirmed this and told us they felt supported by the registered manager.

There was a positive and engaging atmosphere at the home. People were comfortable around the staff and staff showed a high level of compassion, encouragement and empathy towards people. Staff talked of people being like their family members. Most of the staff had worked at the home for many years and therefore worked effectively together. Their interactions with one another showed us they worked as a positive and supportive team.

People knew the registered manager well, one person told us, "She is very nice, I see her often enough" and confirmed there was nothing they would change or improve at the home. All people we spoke with said they would rate the home nine or ten out of ten.

Staff spoke positively of the registered manager who had worked at the home for many years. One staff member told us, "She is a massive support, and always been a good guider." Another staff member told us, "[Registered manager] is a lovely manager ...if you have any problems you can always go to her. She will help you if you are struggling with anything and help you to understand things." They went on to tell us that both people and staff had good "friendships and rapport with one another."

Community links had been established which included contact with district nurses, a chiropodist, dentist, optician and audiology. The registered manager also had contact with the community mental health team and physiotherapist to support people's needs. There was an external activity person who visited the home to support people with some social activities and one person at the home was supported to visit a day centre. A link had been established with a local school and children had visited people at the home to either "play games" or read to them. The registered manager said this had been a real success as people and the children had enjoyed it.

The registered manager was aware of new initiatives to help improve the quality of service provided. They told us they had volunteered to be part of the 'red bag scheme'. This is a scheme that when a person becomes unwell and is assessed as needing hospital care, care home staff pack a dedicated red bag that includes the person's records and their medicines, as well as day-of-discharge clothes and other personal items. This helps to facilitate a smoother handover between the care home, ambulance and hospital staff with fewer phone calls and follow-ups made by the hospital staff to care homes looking for health information about the person.

The service had achieved a food hygiene rating of '5' indicating there were 'very good' hygiene practices within the kitchen. They had also participated in a campaign called "Say No to Infection" where staff receive training and support to help them better understand how to reduce and prevent infections within the home.

Staff told us the provider continued to regularly visit the home to support the registered manager and ensure the home was running effectively. The rating was displayed at the home as required.