

Karelink Limited

Abbeymere Care Centre

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

We undertook our comprehensive inspection of Abbeymere on 21 June 2018. The inspection was unannounced. We previously inspected the service on 11 April 2017 and the rating after this inspection was requires improvement. At this latest inspection we rated the service as good.

Abbeymere is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbeymere accommodates a maximum of 18 older people that may have dementia, poor mental health, physical disabilities or a sensory impairment. People live in one building that was adapted to meet the needs of people living there. There were 18 people living at the home at the time of our inspection.

The provider is required to, and has a registered manager for the home. They were present throughout our inspection. 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 felt safe and expressed confidence in the staff and management. We saw the provider learnt from any incidents to promote people's safety without compromising their rights. People received care with minimal delay as there was sufficient staff available to respond to their needs. People were confident their medicines were managed safely. We found the home was clean and smelt fresh. Appropriate checks on prospective staff to ensure they were safe to work at the home were completed. People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice.

People's consent was sought by staff consistently, prior to and during the provision of personal care. Where there was a need to consider restrictions for a person's safety their 'best interests' were considered. Staff demonstrated they were skilled and knowledgeable, this reflecting the regular training they received. People could access health care services as needed with the support of staff and their relatives. People had a choice of nutritious food and regular and varied drinks which they enjoyed. People could access healthcare services as needed. The home was small, homely and provided a comfortable environment for people to live in. The provider was however looking at improving the environment with plans for further communal space.

People received support from staff who were kind, caring and compassionate. People felt they were treated with dignity, respect and valued as individuals. People's right to independence and choice was promoted. People were supported to maintain links with their people important to them, and families felt supported by the staff at the home.

People, relatives and staff knew who the registered manager was and felt able to approach them with any matters they wished to discuss. People felt the provider and registered manager would make changes based on what they said to improve the service. We found systems for monitoring the quality of care were in place to ensure standards were maintained. The provider and registered manager understood their legal responsibilities, were open and honest about any issues that affected the service, and had a wish to further improve the service so people continued to receive good quality care.

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 at the home, and the provider used learning to promote people's safety without compromising their rights.

There was sufficient staff to ensure people received care in a timely manner.

People received their medicines in a safe way.

The home was clean and fresh.

The provider carried out appropriate checks on new staff to ensure they were safe to work at the home.

Is the service effective?

Good ●

The service was effective

People's right to consent was consistently sought by staff and any restrictions considered people's 'best interests'.

Staff were well trained and demonstrated they were skilled and knowledgeable.

People accessed external healthcare as needed.

People had a choice of nutritious food and regular and varied drinks which they enjoyed.

The environment was small, homely and appropriate for the needs of the people living there.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind, caring and compassionate. People were treated with dignity and respect. People were valued by staff.

People's independence was promoted.

People were supported to express their views and make choices regarding their daily living.

People were supported to maintain links with their families and people important to them.

Is the service responsive?

Good ●

The service was responsive

People, or their representatives were involved in their care planning.

Staff understood people's needs, likes, dislikes and personal preferences.

People could engage in past times and activities they liked.

People could raise complaints and felt these would be listened to.

The provider used advanced planning to enhance how they responded to people's needs at the end of their life.

Is the service well-led?

Good ●

The service was well led.

The registered manager was well known to people, relatives and staff.

People found the registered manager approachable and the provider listened to people, and made changes based on what they said to improve the service.

Systems for monitoring the quality of care were in place.

The provider understood their legal responsibilities and were open and honest about how they wanted to further improve the service so people continued to receive good quality care.

Abbeymere Care Centre

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 was prompted in part by the need for us to check what improvements the provider had made following our last responsive inspection on 11 April 2017 where we found the service was rated as requires improvement. We inspected to see if the provider had taken steps to address issues identified within our last inspection report.

The inspection took place on 21 June 2018. The inspection was unannounced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR) prior to our inspection; this document that told us how the provider was maintaining and improving the service as well as providing other data. We also contacted other agencies such as commissioners and safeguarding teams. We used this information to help us plan our inspection.

We spoke with four people who lived at the home. Several people living at the home were not able to clearly express their views so we spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out Short Observational Frameworks for Inspection (SOFI) to observe the people's experience of life at Abbeymere. We spoke with five visiting relatives, the registered manager, the provider and three care staff. We reviewed three people's care records; three medicine administration records (MARs) and two staff files. We also looked at other records relating to the management of the service, for example audits and certificates of safety for equipment.

Is the service safe?

Our findings

At our last inspection on 11 April 2017 we did not review the rating of this domain. We inspected the service on 06 December 2016 and rated this key question as 'Requires Improvement' because there was not always sufficient staff available. At this inspection, we found improvements had been made and rated this key question 'Good'.

People who lived at the home said they felt safe. One person told us, "Staff give me equal measure of independence and support. That is what makes me feel safe". Another person said, "If there is an accident the staff are excellent. Someone collapsed and the staff were there immediately". A relative told us, "We are happy to go away knowing [person] is safe". A second relative said, "We can rest easy knowing that [the person using the service] is being looked after. We know if we can't come on one day that she is alright".

We saw people had risk assessments in place that detailed the actions staff should take to minimise identified risks to them and staff we spoke with were knowledgeable about these. Assessments of the risk of falls people encountered were in place and we saw where appropriate action was taken to minimise these risks. For example, one person who was unsteady on their feet was provided with a sensor mat in their bedroom so staff were aware if they chose to try and stand so they could respond. People told us methods used to minimise risk did not compromise their human rights. One person told us, "A carer does make sure that I am alright but I can do most things for myself". We saw following any accidents the provider looked at ways they could improve people's safety and we saw examples of where changes had been made in discussion with the person or their representative. This showed the provider learnt from incidents and used learning to improve people's safety.

People told us there was enough staff available when they needed help. One person said, "I would say you only have to wait five minutes maximum for the staff but that is if they are busy. They will say someone is in the toilet as soon as they are out we'll take you in, I would say that there are enough staff". A second person told us, "There are enough staff, occasionally if someone is off on leave or sick they might have agency staff but they are just as efficient as the staff here. No one has to wait a long time for the toilet. They [staff] are there straight away". A visiting relative told us "There are always staff on duty. There is always someone and the others are in and out of the room. They [staff] take them [people using the service] quickly to the bathroom. They don't hang about with things like that". What people told us reflected what we saw with staff seen to be quick to respond to any requests for assistance and monitoring of people who may not be able to ask for help so easily. A member of staff told us there was enough staff and they had time to complete tasks without being rushed. They said if they were short of staff the provider would contact a staffing agency but this was rare as staff would cover if required.

We found the provider's safeguarding and whistleblowing policies reflected local procedures and contained relevant contact information. Staff demonstrated a good awareness of local safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them, telling us they would inform the local authority or the police. The management were fully aware of their responsibility to liaise with the local authority if there were any safeguarding concerns; this was demonstrated by alerts that

had been raised with the local authority safeguarding team and ourselves. They also evidenced their understanding in their provider information return, sent to us prior to our inspection, with their knowledge of the local authority safeguarding procedures reflecting what they told us during our inspection.

We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

We found systems were in place to consistently and safely manage people's medicines. One person said, "I am happy with the way they give out the medications. I have no complaints" and another person told us, "They give out the medication and they are on the ball with that. I have got faith in the distribution of medication. They give out the medication with proficiency". We looked at three medicine administration records (MARS) and found these were accurately completed, with amounts of medicine in stock matching records. We saw the provider had appropriate medicine storage, staff had medicines training plus competency checks and 'as required' medicines were administered in accordance with written protocols. We saw staff administer medicines to people in a safe way.

We found the provider had systems in place to ensure there was a good standard of cleanliness and people were protected from cross infection. One person told us, "It is very clean and it seems to be cleaned daily. I don't make my own bed and any cleaning that is necessary is done". We saw the environment was visibly clean and the home smelt fresh throughout the inspection. The provider told us prior to our inspection they had an infection control policy in place, that we saw from observation staff were following. For example, appropriate protective gloves and overalls were worn by staff when needed to prevent cross infection.

Is the service effective?

Our findings

At our last inspection on 11 April 2017 we did not review the rating of this domain. We inspected the service on 06 December 2016 and rated this key question as 'Requires Improvement' because staff needed better awareness of which people were deprived of their liberty. At this inspection, we found improvements had been made and rated this key question 'Good'.

Staff promoted people's rights and choices. One person told us, "The staff make sure there are no problems or restrictions" A relative told us, "[The person using the service] is not restricted in any way". We saw when staff went to assist people, or provide care they always asked the person for their permission and talked to them throughout. An example we saw was where a person chose to eat their meal on their lap. They told us this was their preference and staff were aware of this and complied with the person's wishes, but did try to encourage them to eat with verbal encouragement and put a towel under the plate which was on their lap to protect them from spillage. We saw people who were able were free to move around communal areas as they wished with no restriction. We saw that people's assessments considered everything important to them this including their heritage, past life and any personal characteristics protected by law, for example age, gender, disability, race, religion, sexual orientation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had made applications for DoLS for several people living at the home but they were yet to receive confirmation from the local authority as to whether they would be approved. Staff we spoke with were aware of the applications that had been requested. Staff we spoke with demonstrated a good working understanding of what the MCA meant for their practice, and how they gained people's consent, which we saw staff did consistently throughout the inspection. We saw staff observe people's reactions to choices offered and did not proceed unless a person was relaxed and they could assume consent. The registered manager told us one person received their medicines covertly (without their consent) and we saw their 'best interests' had been considered following consultation with the relative, GP and pharmacist. The registered manager told us when they involved relatives in the decision-making process they were conscious of the need to ensure relatives making decisions on behalf of their loved ones had the appropriate legal powers to make decisions about their health, for instance an agreement giving them lasting power of attorney. We found where some relatives had made decisions about a person's health care, as detailed on their records, relatives confirmed they had the appropriate lasting power of attorney. This was confirmed by recording.

People told us staff were skilled, knowledgeable and well trained. A person said, "My [person's health condition] means that walking is a problem but staff are well trained. They seem to put their mind to everything they do". Another person said, "I have no doubt that the carers are trained to the highest standard". A relative told us, "The carers do their job well, I think this is as good as it gets". Staff told us they

had regular opportunities for training, one telling us, "The training used to be done in house however we now use an external company and the training is much better now. The information is up to date and the training more comprehensive". We saw the registered manager monitored staff training and most staff were up to date in training in the key areas of knowledge they needed. Senior staff we spoke with told us how part of their role was to observe other staff at least once a month to ensure they carried out their job properly. They said if the observed work fell below the expected standard they would discuss this at the time with the staff member. We found there had been little turnover in the staff team, although there was some recruitment of new staff recently. We spoke with a newer member of staff who told us they had two days shadowing existing staff then several days completing online training, although they said this training was continuing as part of their induction. The induction process for recently employed staff we found did reflect elements from the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.

People had a varied diet and fluid intake which reflected their choice. One person told us, "The food is varied and it is a good portion size. I can always have more if I wanted more. There is a routine we have settled into, it is varied and every week it changes. Within that you have a choice" and a second person added, "The food is alright, I have a special diet because I have trouble swallowing, but [carer's name] is very careful about my food. I have a choice. My food is pureed for me". The registered manager told us how they had adopted a meal delivery system where food was delivered by an external caterer hot every day, in line with choices people had made from the menus. They showed us information from the caterer that showed meals were nutritionally balanced and fortified as needed. This had followed consultation with people living at the home, and while there had been some teething issues and dissatisfaction with the food this had been resolved, with ongoing consultation with people. This meant that people were now satisfied with the meals they received, which were prepared to their personal requirements, for example soft or pureed. We saw should people change their mind about the meals they wanted there was an ample supply in the kitchen that would allow a variety of choice. One person we spoke with told us about a pudding they liked, rice pudding and ice-cream, and proudly told us, "We invented it". We saw people's diets were monitored when there was concern in respect of their appetite. A relative told us, "They will always try to get [the person] using the service to eat something and drink. They [staff] keep persevering". They told us if their loved one's appetite was poor the staff would encourage them to eat with what the relatives knew was the person's favourite foods. We saw people had a choice of drinks offered often. One person said, "You can have tea, coffee, hot chocolate, squash and if I like I have a glass of wine before I go to bed".

People told us they were supported to access any healthcare they needed. One person told us, "The nurse practitioner checks on me, that's on a Wednesday". Other people and relatives told us they had retained the G.P. they had prior to moving into the home and confirmed they were able to see them when needed. People and their relatives also confirmed there was access to for example, dentist, opticians, nurses as needed. We saw from review of some people's records that timely referral to health professionals to meet people's specific health care related needs was implemented by staff, for example, where people were assessed at risk of choking a referral and subsequent consultation with a Speech Therapist had been arranged.

We saw the environment was small and homely. A relative told us, "It's a small home and it is a nicer environment". The small size of the building made it easier to navigate, for example for those people living with dementia. The registered manager told us that the provider had identified there was a need for more communal space and they were looking at adding an extension to the rear of the building to provide this. Some relatives we spoke with were clearly aware of these plans and supported their implementation.

Is the service caring?

Our findings

At our last inspection on 11 April 2017 we did not review the rating of this domain. We inspected the service on 06 December 2016 and rated this key question as 'Requires Improvement' because people's privacy and dignity was not always respected. At this inspection, we found improvements had been made and rated this key question 'Good'.

People told us the staff were kind and caring. One person said, "Nothing is too much trouble, almost every day they (the staff) do something for me that I really appreciate and without prompting" and a second person told us, ""The staff do everything kindly and there is no embarrassment". A relative told us, "They [staff] are patient with them (people). Staff will hold [Person's] hand to comfort them. [The person] was crying earlier this morning and (staff member) came straight over and they stopped crying. I couldn't do it". This reflected what we saw during the inspection with staff having a kind, caring, considerate and relaxed approach with people. The registered manager told us in their provider information return which we received prior to our inspection, that they would 'ensure all services are delivered in a caring manner and the service user perceive it to be such'. We found this statement to be accurate based on what we saw and what people told us.

People told us their privacy and dignity was respected. One person told us, "We have a very good relationship and we talk to each other. I know they [staff] care about me". People and relatives expressed the view that staff knew them, or their loved one very well and delivered their care in the way they liked. A relative told us, "They do respect their [people's] dignity. They [staff] are very respectful". Another said, "We like all the staff, they seem friendly and caring". We saw staff showed respect for people's privacy, for example people could go to their room if wished, one person telling us, "I can go to my room if I want some peace". When staff spoke with people they did so appropriately dependent on the subject. For example, they were discreet when talking about private matters; laughing and cheerful if people made a joke; and sensitive when people were upset, using a hug or hand contact to calm people. One of the directors had undertaken the role of a dignity champion and the registered manager said they would observe staff interactions during their frequent visits to the home. We saw people's bedroom doors have pictorial signs for 'please knock before entry' and do not disturb and we saw staff consistently knocked people's doors before entry.

People were valued as individuals by staff. One person told us, "I have never felt embarrassed or rushed, I will say if I need more time. Its depends on the day and how I'm feeling. They [staff] are very caring". A relative told us, "There is plenty of love and affection from staff". We saw staff spoke with people in a way that showed respect with use of their preferred names and spending time with people to listen to what they had to say. We also saw staff were happy and this reflected on people, whom we saw were laughing with the staff on numerous occasions.

We saw staff consistently offered people choice and ensured their consent before; for example, providing personal care or support. One person told us, "I go to bed when I want and I get up when I want, I have a shower every couple of days which suits me". Staff told us that they would do this for everyone, and where they were not able to verbally communicate they would look for non-verbal signs of the person's

agreement/disagreement before proceeding, as we saw when observing staff interactions.

We saw people were encouraged to maintain their independence where ever possible. One person told us, "I get up on my own, they [staff] help me get dressed and washed". A Relative told us, "[The person] always walks. Staff help [the person] up and take [the person] to the toilet, so [the person] is still active which is brilliant for us". We saw those people who were able moved around the home as they wished, and those less able were encouraged by staff to walk with assistance.

People told us there was no restriction on their friends or relatives visiting the home. One person told us, "We have lots of visitors". A relative told us, "There are no visiting times and you can come and visit anytime. They have supported us as a family. Staff have sat and talked to me to get me to look at things differently. I don't get as frustrated as I used to. They explain things properly". We saw during the inspection there were several relatives visiting throughout the day.

No one was using advocacy services at the time of the inspection although when we asked the registered manager she said if a person needed support with any issues they would use local advocacy services to gain this support for them.

We saw people's records were kept confidential. Staff were also aware of the home's policy about not discussing anything personal in communal areas. We saw people had been asked for consent in respect of sharing information about them with others as needed, for example health care professionals, and had signed to consent to this in their records. The registered manager also had an awareness of recent changes in respect of data protection (General Data Protection Regulation) that would impact on the way people's information was shared.

Is the service responsive?

Our findings

At our last inspection on 11 April 2017 we did not review the rating of this domain. We inspected the service on 06 December 2016 and rated this key question as 'Requires Improvement' because there was a lack of activities for people. At this inspection, we found improvements had been made and rated this key question 'Good'.

People and their representatives were involved in their assessments and care plans. One person told us, "I did my care plan two or three months ago" and a second person said, "They [staff] have been very helpful and given me information when I have needed it and asked them anything". A relative, who was a person's representative, told us, "We do all the reviews of the care plans". A second relative said, "I have heard them [staff] ask if it's alright if they do something. We have signed some forms before when [the person] was unwell but now [the person using the service] has capacity they [staff] ask her to sign the forms. They explain everything to her".

The provider told us in their provider information return (PIR) submitted prior to our inspection that they tried to gather as much information as possible about people prior to admission including that gained from people, relatives and previous care settings they may have used. They told us they would use this information to ensure people's care plans were up to date and changed whenever there was a change in people's needs. We reviewed people's assessments and care plans. We found these were detailed and contained information about people's likes and dislikes. When we spoke with staff we found they had a good understanding of what was important for people. We saw there were regular reviews and care plans were updated when changes were observed, this confirming what the registered manager and staff told us. People had been asked about their preferences when assessed and these included their needs in relation to any protected characteristics under the Equality Act, such as disability and religious needs. We saw where people had particular preferences under these characteristics staff were aware of them and followed them as per people's care plans.

People told us they could follow pastimes they enjoyed. One person told us, "Now and again they have bingo and quizzes. We play games generally. I like reading, watching a certain amount of TV". A second person said, "I read a lot, they have got a little library here and I borrow books from the little library. We have some activities, we do exercises on a Friday, once a month we have a sing song and we sing at the top of our voices. The visitor brings in instruments. Once a month someone comes in from [a church] and we have communion. Every Sunday afternoon we choose a film. I enjoy the activities". We saw the staff had assessed what people enjoyed doing and families we spoke with also confirmed staff tried to provide pastimes that people wanted and enjoyed. A Relative told us, "They try and encourage [the person using the service] to go out in the garden, they are brilliant with her, they do her nails". We saw there was a daily activities programme on display and we saw planned activities planned did take place.

People had confidence if they had concerns they would be listened to and action taken to address these concerns. One person told us, "I have no complaints" another person that, "If I wasn't happy I would speak to one of the carers. One time I said the potatoes weren't cooked sufficiently. It was acted on. I have no

concerns that if I said anything it wouldn't be acted on". A relative told us, "We have no complaints. They look after [the person] brilliantly". We saw there was a complaints procedure on clear display in people's bedrooms and a communal area. We saw there was also a complaints/suggestion box where people could put any concerns or comments in if wished, although we did notice this was set quite high on the wall and would be better lowered down where everyone could reach it. The registered manager said this would be addressed. We looked at the provider's complaints records and saw these were monitored with all comments recorded included minor verbal concerns. We saw the response to these was fully documented, with a resolution to the concern. The registered manager told us complaints were a good way of getting feedback from people and relatives so they could improve the service.

People's end of life wishes were considered and planned for by the provider. A relative told us, "We had a conversation about the end of life, advanced planning, and Do Not Resuscitate [DNAR] with the nurse practitioner and the registered manager. We have had all that done and explained to us". We saw where people had an illness that may progress the registered manager had considered a person's future needs through discussion with their GP. They were aware of the resources available to support people should their illness progress and had plans to designate a member of staff as a Palliative care champion. This a staff member that would develop skills and knowledge and have links with specialist services so they can support the staff team.

Is the service well-led?

Our findings

At our last inspection on 11 April 2017 we rated this key question as 'Requires Improvement' because. Systems to monitor and improve the safety and quality of the service need improvement. At this inspection, we found improvements had been made and rated this key question 'Good'.

The registered manager told us in their provider information return that they 'aim to ensure that our leadership, management and governance of the organisation assures the delivery of high quality person centred care, supports learning and innovation, and promotes an open and fair culture'. What people and staff told us supported this statement.

One person told us, "The home is excellent. I like the people, the other residents, particularly the carers. I have to say the carers twice because they are so good". A second person said, "I know that if the registered manager says she will do something she will do it. I have got faith in her. She doesn't dilly dally". A relative told us the registered manager, "Is a great manager. We do work in the garden and if we say we need something she will get it for us. If she can't she will say can't. No messing. Ask her and it's done". A second relative said "I seriously think (the person) wouldn't be here if she wasn't here. Quality of life is important here".

We asked people how they could share their views and they told us they could talk to the registered manager who they said was visible and known to them. One person told us, "We see the registered manager most days". People and relatives told us they filled out survey forms the provider gave them, and these were available in the reception area to complete at any time. One person told us, "I have filled in a questionnaire". They ask questions about how we feel we are being dealt with and I am quite happy with the way things are". A relative said, "We have filled in questionnaires but we say what we need to say to the registered manager when we see her". We saw recently completed survey forms and these were all positive about the quality of the service.

We looked at other audits that were in place and found most of these identified trends and areas for improvement; for example, we saw complaints were monitored for trends and any issues identified were followed up. We were told the provider visited the home on a regular basis and discussed progress and areas where improvement may be required frequently. An example we were told about was the need for more dining space, and the discussion with neighbours as to the building of a conservatory at the back of the building. The registered manager told us they were well supported by the directors and other managers in the company. They said, "Directors at the end of a phone all the time, they phone twice a week to see if alright, if not available leave a message and they get back."

Staff we spoke with told us they were well supported and thought the home was well led. One staff member said the registered manager, "Is available to talk to and is very flexible, she has the residents and staff member's well-being at heart of her management" and a second member of staff added, "I'm very happy here, staff are great, the residents are lovely. I have no concerns". Staff said they could raise any issues with the registered manager but were aware of how to 'whistle-blow'. A 'whistle-blower' is a person who informs

on a person or organization who may be regarded as engaging in an unlawful or immoral activity. One staff member said, "I would never put anyone at risk, myself or the residents. I would tell the staff members or management that I need more support to complete those tasks". Staff told us they received supervision and felt well supported by senior staff and the registered manager.

The registered manager told us they would be, "Open and transparent" with people, relatives and all other stakeholders. They told us that people were involved in the introduction of the new meals system, and there had been some feedback initially that people had some dissatisfaction. They told us by listening to people and making the necessary changes people were all now satisfied, this was reflected in what people told us during our inspection. The registered manager could demonstrate they were aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, as we saw had happened. We saw evidence they had instigated discussions with people and relatives in respect of changes, for example the relatives we spoke with were aware of the plans for a new conservatory. The law requires the provider to display the rating for the service as detailed in CQC reports and we saw the rating for the service as given following our last inspection was clearly on display in the home. The provider does not currently have a website for display of the ratings.

We found the provider worked in partnership with other agencies, this including for example GPs, nurses and opticians. This was said to benefit people as there was good communication with health professionals and people's preferences as to how they received healthcare were agreed, for example one person preferred to not attend hospital unless necessary and this had been discussed with health care professionals.