The Elms Residential Home Limited

The Elms Residential Home

Inspection report

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Date of inspection visit:
08 August 2016

Date of publication:
08 September 2016

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 inspected the service on 8 August 2016 and the visit was unannounced.

At the last inspection on 6 January 2016 we asked the provider to take action to make improvements. We asked them to improve their practice in relation to obtaining people's consent to care and to follow the requirements of the Mental Capacity Act 2005 (MCA). We also asked the provider to improve staff members' understanding of the requirements of the Act. Following that inspection the provider sent us an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The Elms Residential Home provides care and support for up to 18 older people. At the time of our inspection 18 people were using the service and many had dementia or similar conditions. The accommodation is offered over two floors accessible by a passenger lift and stairs. There is a communal lounge, dining area and conservatory on the ground floor along with some of the bedrooms, and the remaining bedrooms are on the first floor. There is a large well-maintained accessible garden for people to use should they wish to.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has 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.

People and their relatives felt safe with the support offered. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. The registered manager dealt with accidents and incidents appropriately. Risks to people's health and well-being had been regularly assessed. For example, where people's skin condition could have become injured, staff followed guidance the registered manager had made available to them.

The provider had a thorough recruitment process in place for prospective staff. This included checks on the suitability of staff to work in the caring profession. People, relatives and staff were largely satisfied with the number of staff available to offer care and support and we found that staffing levels were suitable to help people to remain safe.

People received their prescribed medicines in a safe way. Staff followed national guidance when offering people their medicines and received training to understand their responsibilities. Medicines were stored appropriately and guidance was available and followed by staff about how people preferred to take them.

People received care and support from staff with the appropriate knowledge and skills. Staff had received regular training such as emergency first aid. New staff received an induction when they started to work for

the provider. They had regular meetings with the registered manager so that they could receive feedback and guidance on their work.

People were supported in line with the Mental Capacity Act 2005 (MCA). People consented to their support where they could. The registered manager had assessed people's mental capacity where this was necessary and decisions were made in people's best interests. Staff understood their responsibilities under the Act. The registered manager had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People chose what they ate and drank and were largely satisfied with what was offered to them. People had access to healthcare services such as to their GP. People's health conditions had been recorded in their care records so staff knew how to provide effective support.

People received support from staff who showed kindness and compassion. Staff protected their dignity and privacy and showed respect for people. People's friends and relatives could visit without undue restriction and were greeted warmly. People's care records were stored safely and discussions about people's care needs occurred discreetly.

People were supported to be as independent as they wanted to be in order to retain their skills. People had, where they could, been involved in decisions about their care. The registered manager told us that they would look at providing information to people about advocacy services that they could use to help them to speak up should they choose to use such services.

People had contributed to the planning of their care where they were able to. People had care plans that were regularly reviewed and were centred on them as individuals. Staff knew about information within people's care plans and offered their support in line with people's preferences, routines that were important to them and their choices. People took part in activities that they enjoyed when they chose to including reminiscence discussions. Relatives felt opportunities to take part in community activities could be improved which the registered manager told us they would look into.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that outlined what they would do should they receive a complaint.

Staff felt supported and knew their responsibilities and we saw that the provider had processes in place to make sure that this occurred. Staff knew how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People, their relatives and staff had opportunities to give feedback to the provider. The registered manager was aware of their responsibilities and had arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on the cleanliness of the home and observations of staff practice were taking place.

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 protected from abuse and avoidable harm by staff who knew about their responsibilities to support them to keep safe.

The provider had a thorough recruitment process including checks on the suitability of prospective staff.

People received their prescribed medicines in a safe way.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular guidance and training.

People were supported in line with the Mental Capacity Act 2005. Staff knew their responsibilities under the Act. People were asked for their consent to the care offered.

People were largely satisfied with the food offered to them and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. People's dignity and privacy was respected.

People's independence was encouraged where this was important to them and their preferences were known by the staff.

People were involved in making decisions about their care and support where they could. Information on advocacy services had not been made available to people.

Is the service responsive?

Good

The service was responsive.

People, where they could, had contributed to the planning of their support needs. They received care based on their preferences.

People undertook activities based on their interests.

People and their relatives knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff knew their responsibilities and the registered manager offered them good support. There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and they had regularly monitored the quality of the service.

The Elms Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 visit took place on 8 August 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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 improvements they plan to make. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We also contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

During our inspection visit we spoke with four people who used the service and with two relatives of other people. We also spoke with the registered manager and four support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked in detail at the care records of three people who used the service. We also looked at records in relation to health and safety, people's medicines as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager had undertaken. We also looked at three staff files to look at how the provider had recruited and how they supported their employees.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service and when they received support from staff. People's relatives had no concerns about their family members' safety. One relative told us, "Safe yes, because when alone in bed they have made sure her bed keeps her contained and that is the time when she was most unsafe by falling out of bed, and they addressed it immediately. That was one of the main reasons we chose this home because she is safe here".

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "I know that I can contact the local authority but I would speak to the manager in the first instance if I had concerns". The provider had made available to staff a policy and procedure to follow should staff need to raise concerns. Staff were able to describe the different types of abuse and the signs and symptoms that might indicate a person was at risk of harm. We also saw that staff had received regular training on how to protect people from abuse and avoidable harm. This meant that the provider had ensured that staff knew how to deal with actual or suspicions of abuse.

Risks to people's health and well-being were regularly assessed. We saw risk assessments in place for assisting people to move position where they required this support. We also saw that the provider had risk assessments in place for maintaining people's skin condition including guidance for staff on the specific equipment needed for each person. During our visit we saw staff following these risk assessments including assisting people to reposition as detailed in their risk assessment. This meant that risks associated to people's support were managed to help them to remain safe.

The registered manager took appropriate action where an accident or incident occurred. We saw that where significant incidents had occurred the registered manager had informed the local authority and the Care Quality Commission (CQC). We also saw that they had taken action to reduce the likelihood of a reoccurrence. One person who used the service had left the building without the knowledge of staff and following this incident the registered manager had arranged for a security check of the home. This included installing a new lock on a door to help to prevent a reoccurrence. There was a system for weekly and monthly audits of accidents and incidents but this was not currently in use as only a small amount had occurred.

The provider had regularly checked the environment and equipment to make sure that potential risks to people's health and well-being were minimised wherever possible. We saw that fire detection and alarm systems had been routinely tested in line with manufacturing guidelines. We also saw that there were plans in place for staff to follow in the event of an emergency situation such as a fire. People had individual plans to vacate the building in an emergency. We found these to be detailed and focused on each person's individual needs. For one person, their plan guided staff to leave their wheelchair in their bedroom as this would make evacuation easier for them. This meant that the provider had considered people's safety should a significant incident occur.

People and their relatives were largely satisfied with the number of staff to offer them care and support.

However, one person told us, "I have to wait until they can get round to me to get ready, they have to do the doubles first, then I can be fetched that can be anytime in the morning". Staff told us that they felt staffing was, "Adequate" and, "Generous". On the day of our inspection we saw that people received support without undue delay.

The provider had a thorough recruitment process in place for prospective staff members. We saw that the provider had a recruitment policy in place. This policy included the provider obtaining two references for each prospective employee and a Disclosure and Barring check. The Disclosure and Barring Service helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We found records within staff files confirmed these checks had consistently taken place. This meant that people were supported by staff who had been appropriately verified.

People received their prescribed medicines in a safe way from trained staff. We saw one person being offered their medicines. The staff member described what the medicine was for and gained the consent of the person to administer it. We observed the staff member following national guidance when administering the medicine. For example, we saw them carefully record the administration in the person's medicine records. We also saw that medicines were stored appropriately. We looked at eight people's medicine records and found these to be completed accurately and fully. We saw records of an occasion that a medicines error had been made. The registered manager had taken appropriate action including calling the person's GP for advice as well as giving extra guidance and support to the staff member who had made the error.

Every person had a medicines profile that detailed the support they required as well as their preferences for taking it. We also saw that there were authorisations in people's care records from people's GP regarding the circumstances for when people could be offered pain reliving medicines. The provider had made available to staff a medicines policy which gave them guidance on the safe handling, storage and disposal of people's medicines. In these ways people received their medicines according to their preferences, in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

At our previous inspection carried out on 6 January 2016 we asked the provider to take action to make improvements. We asked them to improve their practice on gaining people's consent to their care and support and to follow the requirements of the Mental Capacity Act 2005 (MCA). We also asked the provider to improve staff members' understanding of the requirements of the Act. Following that inspection the provider sent us an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The 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. We checked whether the provider was working within the principles of the MCA and found that it was.

People told us that they were asked for their consent by staff before assisting them. During our visit we found that this consistently took place. Where people could not consent to their care and support the registered manager had completed mental capacity assessments to determine people's capacity to understand specific decisions. For example, we saw mental capacity assessments in the area of receiving support with personal care. Where people were considered to lack capacity, best interest decisions had been made with significant others such as family members. We saw that some people had legally appointed representatives to make decisions on their behalf and this had been carefully recorded in people's care records.

Staff understood the requirements of the MCA. One staff member told us, "It's for people who don't have capacity for example, due to their dementia. We can make decisions for people but we include others such as the family. We always look at people's past preferences as that can help when trying to make decisions for people". We saw that staff had received training in the MCA and the registered manager had recently given all staff a written quiz on the Act to make sure that they continued to understand their responsibilities.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff knew who had an authorisation in place and described the reasons for this. Staff told us that some people might want to leave the home but they were not aware of the risks to themselves so an application had been made to restrict their ability to do this unless with a staff member.

People received support from staff with the necessary skills and knowledge. One relative told us, "What I like a lot is the pace, they treat them as human beings, it's difficult when you can't do a great deal". Another said, "Well if paperwork is anything to go by they keep a lot of records, they keep on top of paperwork. There doesn't seem to be anything that they can't do, quite a few of the staff are experienced and have been here a

long time".

Staff had received regular training in order to effectively carry out care and support. One staff member told us, "The training is quite good. We've done first aid this year. They're supporting me to look at a management training course". We looked at the training records and certificates of courses staff had attended. We saw that staff had attended a range of training including health and safety, emergency first aid and condition specific training such as dementia awareness. The registered manager maintained a spreadsheet so that they could see when training was due again for each staff member. This meant that staff received up to date guidance on best practice when offering care and support to people.

New staff received an induction when they started working at the home. One staff member told us, "For my induction I was shown around. We looked through people's care plans and the policies and procedures. I shadowed staff for two weeks so that I could learn. I'm also doing the care certificate". The Care Certificate is a national induction tool, which providers are required to implement, to help ensure staff work to the expected standards within the health and social care sector. Staff members also told us that they received regular support and guidance from the registered manager. We saw that staff received regular supervisions with the registered manager which included topic areas such as training and the care needs of people they supported. Supervision is a process whereby staff have the opportunity to meet with a manager to receive guidance and feedback on their work. This meant that staff received guidance on how to provide effective support to people.

People were largely satisfied with the amount and quality of food offered to them and told us drinks and snacks were available throughout the day. During our visit we saw staff offering people drinks regularly and asking them what they wanted to eat. We observed people having their lunch. People were able to sit where they chose. We saw that food was served hot and people were given the choice of different sauces. One person was having difficulty with their meal and we heard a staff member say, "Would you like a spoon instead of a fork?" Staff members could describe people's dietary requirements and we saw that these had been recorded in people's care records. We read, '[Person's name] likes a soft diet. Does not like food with lumps in it'. Where people were at risk of malnutrition, we saw that staff members were recording what they had eaten so they could be sure that they were having enough to eat. We found these records to be detailed. This meant that people's nutritional needs, based on their preferences, were met.

People were supported to maintain their health. One person told us, "I see the Chiropodist regularly, yes they tell me when they are next going to visit and yes she does talk me through the treatment before carrying it out". One relative thought that their family member would benefit from a physiotherapist visiting. We spoke to the registered manager about this who said they would talk to the relative to find out more information about the request. We saw that people's care records contained information for staff to follow about their health conditions and they detailed appointments and outcomes from visits to healthcare professionals such as their GP. We also saw that people had emergency grab sheets in place. These are documents that detail people's health and social care needs should a hospital admission be required. In these ways people's healthcare needs were being met.

Good

Is the service caring?

Our findings

People told us that staff were caring and offered them care that was kind and compassionate. One person said, "The staff are nice". Relatives also spoke positively about the caring approach of staff. One relative told us, "We often sit in a group and talk. The staff sit and have a long chat with other residents too if they are not very busy". We observed staff spending time with people and discussing things that were important to them. One person requested assistance to paint their nails and staff used this time as an opportunity to reminisce with them. The person looked happy and engaged with the staff member. We also saw other positive conversations between people and staff involving humour which showed us that good relationships had been built and people were comfortable with the staff offering them care and support.

People's dignity and privacy was maintained. One relative told us when we asked them about if their family member was always treated with dignity and respect, "Yes a straight unequivocal Yes". We heard people referred to by their preferred names and saw examples of good practice when staff supported people to move position using their equipment. One person was supported to transfer from a regular chair to their wheelchair in order to be assisted to the dining table. We saw staff members taking their time with the person and offered gentle and considerate support by ensuring that the person's clothes maintained their dignity throughout the process. We also saw staff members knocking on people's bedroom doors before entering. This meant that staff showed respect to the people they were supporting.

Staff understood how to maintain people's private and sensitive personal information because the provider had made available to them policies on confidentiality and data protection. Staff were able to describe these and we saw that discussions about people's care needs took place discreetly and in private and people's care records were stored securely in lockable cupboards.

Staff knew about the people they were supporting. One relative told us, "They understand mother's needs. I also hear how they talk with other residents, they certainly understand the resident's needs". Staff described how they got to know people's support requirements. One staff member told us, "I ask residents how they are. I know them well because I've worked here so long. I take time to listen carefully to what they tell me". We read in one person's care records that they liked two pillows in their bed and they preferred a small lamp left on during the night. Staff were able to describe this along with the preferences and personal histories of other people which showed that staff knew the people they were supporting.

People were, where they could be, involved in decisions about their care. One person told us about the choices they made about what they wore and what they ate and said, "They listen to me every day". All of the people and their relatives we spoke with told us that they were confident that they were involved and listened to in being encouraged to make choices and spend time as they wished. We saw staff members offering choices to people throughout our visit and they respected the choices people made. This meant that where possible, people had been involved in making decisions about their lives.

Some people were receiving the support from an advocate when a DoLS authorisation was in place. An advocate is a trained professional who can support people to speak up for themselves. However,

information on advocacy services and how to access these had not routinely been made available to people. The registered manager told us that they would look at ways to improve this.

People were supported to be as independent as they wanted to be. One staff member told us, "I never do anything that someone could do for themselves. It may take longer but keeping your skills is important". We saw in people's care records that staff were guided to support people's independence. We read, '[Person's name] is independent and will wash and dry her own hands'. This meant that people were supported to retain their skills wherever possible.

People's friends and family were able to visit without undue restriction. One relative told us, "Other than meal times, I don't think they would turn us away". We saw that visitors came and went freely on the day of our visit and were spoken with professionally and made to feel comfortable by, for example, offering them a hot drink.

Good

Is the service responsive?

Our findings

People received care and support that was person-centred to their individual needs, routines and preferences. One person told us, "Really they have everything worked out, they are very good to you. They feed you well and they get you up and put you to bed. They are very good really". A relative said, "If something is bothering our mother or me or one of my sisters we will say something. Once there was an infection and the manager organised for a nurse to come in". We saw that people received support in a timely manner and people did not have to wait for assistance. This allowed staff time to interact with, find out and respond to people's needs. One person asked to spend some time in their room as they were feeling tired. Staff assisted the person to do this without undue delay.

The registered manager carried out pre-admission assessments before people moved into the service. This is important so that the provider can be sure that it can meet people's individual needs. We saw that care plans had then been developed to guide staff on what people needed support with so that they could provide a responsive service. For one person we saw that they had a specific health condition and there were clear instructions for staff to follow.

People had, where they could, contributed to the planning of their support. We saw that people's care records had documented their contribution and some people had signed their care plans to show their agreement. Staff told us that they always asked people how they wanted their care to be carried out. One staff member told us, "I don't patronise people. Only when they want help do I offer it. It's about how they want it and I listen".

People's care records contained information for staff about a full range of their needs including preferences, routines that were important to them and any spiritual or religious needs. Staff were knowledgeable about these and could describe them with great detail. One person preferred a soft diet and a staff member told us, "[Person's name] likes a soft diet such as yoghurts, orange juice and milkshakes". We read in one person's care plan that they enjoyed listening to the radio in their bedroom. Staff knew about this and we found the person enjoying this when we visited. This meant that people received support based on their preferences and in a person-centred way.

People's care plans were mainly person-centred and focused on them as individuals. They contained information for staff to follow to meet people's individual needs. For one person we read, 'I will say on the day if I would like a bath or a shower'. We found that some areas of people's care plans lacked specific details. For one person their personal hygiene section and likes and dislikes contained only brief details. However, when we asked staff about people's preferences and support requirements they were knowledgeable. This meant that the issue was about recording. We spoke to the registered manager about this who told us they were receiving support from the local authority to improve the care plans and would take on board our feedback.

People's care plans were reviewed every month or more often if their needs changed. A staff member told us, "The manager does the care plans but we have input and they are reviewed regularly. We update the

manager if changes are needed". Relatives told us that they had been invited to care plan reviews even when there were little or no changes to their relatives' health and well-being. In these ways staff had up to date information and guidance about how to provide responsive support to people.

People's bedrooms were personalised with items that had meaning to them. We saw photos in many people's bedrooms of their families. We saw that people had bought pieces of furniture or ornaments into the home to make them feel at home. We found that the home had signage to aid people's orientation which is important for people with dementia type conditions.

People were mainly satisfied with the activities available to them but some welcomed more opportunities to visit the local area. One person told us about the activities they had participated in. They said, "Music sometimes, and sometimes play skittles. Then we have a music and singing session on Fridays". Relatives thought that activities could be improved, especially having trips on offer to people in the local community. When we spoke to the registered manager about this they told us that this was sometimes difficult to arrange due to people's mobility needs. They said they would consider our feedback and speak to people about the places they would like to visit. Staff told us that they offered activities to people but not everyone chose to take part. One staff member said, "Some people don't want to do activities and just choose to sit and watch others". During our visit we saw several activities offered to people that had been documented as important to them within their care plans. We saw a staff member offering people opportunities to try on different styles of period hats, clothes and accessories. Later in the day we heard a staff member talking with small groups of people about the past and supporting them to remember important events in their life. People looked happy and engaged when staff spent time with them. This meant that people were largely spending their time in ways that made them happy.

People and their relatives knew how to make a complaint because the provider had a procedure in place that was displayed in the home. This detailed the process the provider would take should a complaint be received. One person told us, "If I wanted to talk to anyone I would speak to the manager, the boss, but there is no trouble". All of the people and relatives we spoke with said they were able to raise comments or make a complaint if they needed to. We saw that the provider had not received any complaints since our last visit and the registered manager told us, "If I received a complaint I would look at what we are doing wrong and look to change it".

Good

Is the service well-led?

Our findings

The service had an open and caring culture where people's support needs were known and understood by staff members. One relative commented on how staff readily shared relevant information with them. They told us, "I find things out day to day and find things out generally". Staff described how the registered manager shared information well so that people received the care and support they required.

The registered manager understood their responsibilities and the conditions of registration with the CQC were being met. This included the submission of statutory notifications by the registered manager to the CQC for significant incidents that they are required to send us by law. We had received notifications about when then the provider was placing restrictions on people. We saw that our previous inspection report was on display in the home for people and visitors to read our judgements when we last visited the service. This showed that the registered manager had an approach that was open and transparent.

The provider had sought the feedback from people, their relatives and staff about the quality of the service. Staff had completed an annual satisfaction survey about the running of the home and we saw that the responses were complimentary about the provider. We saw that regular meetings for people using the service had occurred. People had been asked, for example, about the quality of the food and the support offered by staff. We read that people were largely complimentary about the service and the registered manager had fed back to people about any action required. Relatives had been sent a questionnaire about the quality of the service in June 2016. We saw that the responses to these had been mainly positive. Some relatives felt that the quality of activities offered to people could be improved. The registered manager was in the process of sending feedback to the relatives about the results of the questionnaires. In these ways the provider had enabled feedback to be received and acted on it appropriately.

Staff told us that they received good support from the registered manager. One staff member said, "She's firm but fair". Another told us, "I report things to the manager. If I think something is wrong she gives me credit for it which is how it should be". Staff told us that they could approach the registered manager with any concerns that they may have had.

Staff members attended regular staff meetings to gain updates and reminders from the registered manager about good practice. They were also able to give their feedback about the running of the service. One staff member told us, "We have regular staff meetings every month. I suggested a move to a downstairs room for one person as they did not like the lift. It happened". We saw the registered manager spending time with staff. They guided staff and answered questions asked of them in a professional and supportive manner. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

Staff were aware of their responsibilities. This was because the provider had made a range of policies and procedures available to them which they could describe. This included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what to do should they have concerns in relation to this. One staff member told us, "I'd pull them off

the floor and have a quiet word but if it was serious I'd speak with the manager". We found that the provider's whistleblowing policy had contact details available for staff that they could raise their concerns with should they have needed to, such as the local authority.

The provider had a statement of purpose that set out its values for how care should be delivered. This was displayed within the home for people, their relatives and visitors to see. This included respecting people's rights, dignity and privacy. When we visited we saw staff adhering to these principles. One staff member told us, "We're here to look after people in ways that they want. We all respect people's dignity, it's so important". This meant that staff knew about the aims and objectives of the service and offered support in line with these.

The registered manager had a range of checks in place to monitor the quality of the service. A staff member told us, "I do spot checks at night to make sure everything is going ok". We saw that the registered manager completed a daily walk around of the home to check that people were satisfied with their care and support as well as monitoring the behaviour of staff. This meant that the delivery of the support people received was regularly reviewed. We also saw that regular audits had taken place such as the cleanliness of people's rooms, people's medicines and on some equipment that people used. Any action that was required had been documented. We found that checks were not taking place on all equipment including when people had bed rails in place to prevent them from falling out of bed and when people had specialist pressure relieving mattresses. This is important so that the equipment remains safe to use in line with manufacturing guidelines. We saw that this did not have a negative impact as people cared for in bed were regularly checked by staff members. The registered manager told us that they would add these check to their weekly checking schedule.