Bupa Care Homes (ANS) Limited

Lynton Hall Care Home

Inspection report

2 Lynton Road
New Malden
Surrey
KT3 5EE

Tel: 02089491765
Website: www.bupa.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

At our last inspection in July 2017 the overall rating for this service was Requires Improvement. We rated Safe, Caring, Responsive and Well-Led as Requires Improvement because the provider did not have suitable arrangements to protect people against the risks associated with the management of medicines. We found that not all medicines were administered safely and the stock control checks of medicine were not always correct. We observed and we received feedback from staff and relatives that there were insufficient numbers of staff to care for and support people to meet their needs. The provider did not have effective systems to assess, review and manage risks to ensure the safety of people. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Caring, Responsive and Well Led to at least good.

At this inspection on the 19 June 2018 we found the provider had followed their plan with regard to the breaches of regulations in safe care and treatment and staffing. The provider and staff were managing and administering medicines in a way that was safe. Staffing levels had improved and the provider recognised this would need to be monitored weekly to ensure people received the care they required.

We have not changed the rating for Safe from Requires Improvement to Good as the provider needs to show they can sustain and improve on the changes they have made over a longer period of time. We have changed the rating for Caring, Responsive and Well-Led to Good and the overall rating to Good.

Lynton Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were 43 older people, some of whom had Dementia, using the service at the time of our inspection.

The home was based on two floors, the ground floor for people with nursing care needs and the first floor for people living with dementia. There were bedrooms, bathrooms and communal rooms on both floors.

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 were safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well.

There were enough staff at the home to meet people's needs; however, management said they would assess this weekly to ensure sufficient staff were on duty to meet people's caring needs. Recruitment practices remained safe.

Medicines were now administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were cared for by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act (2005).

People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We observed during our visit that management were approachable and responsive to staff and people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe. We have not changed the rating from Requires Improvement to Good as the provider needs to show they can sustain and improve on the changes they have made over a longer period of time.

The provider had systems in place to help ensure people were protected against the risks associated with the management and administration of medicines.

The provider acknowledged they would need to continuously assessed people's caring needs to ensure there were sufficient numbers of staff deployed to meet these needs in an appropriate and timely way.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Is the service effective?

Good

The service continued to be effective.

Staff had the skills and knowledge to meet people's needs and preferences.

Staff were suitably trained and supported for their caring role and we saw this training put into practice.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

Is the service caring?

Good

The service was caring. We have improved the rating from Requires Improvement to Good because we observed staff treated people with dignity, respect and kindness.

Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. □

Is the service responsive?

Good

The service was responsive. We have changed the rating from Requires Improvement to Good because changes had been made to people's care plans that more fully reflected their needs.

Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People told us they felt able to raise concerns and would complain if they needed to.□

Is the service well-led?

Good

We have changed the rating from Requires Improvement to Good because the provider had made positive changes to their auditing systems.

The service was well led by a registered manager and a new deputy manager.

The provider carried out a range of checks and audits to monitor the quality of the service and developed action plans to ensure changes when needed were made.

The registered manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.□

Lynton Hall Care 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.

This was a comprehensive inspection to follow up on the two breaches made at the last inspection. CQC carry out inspections approximately 12 months after a previous inspection report has been published for services rated requires improvement overall.

This unannounced comprehensive inspection took place on 19 June 2018. This inspection was carried out by one inspector, a specialist advisor who was a Registered Nurse with a background in elderly and dementia care 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.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local authorities who commission places at the home. We asked them for their opinion of their client's care. We received one reply.

During the inspection we spoke with 15 people and six relatives who used the service. Some people were not able to fully share their experiences of using the service because of their complex needs. We observed care and staff and people's interaction in an informal way. We also spoke with the registered manager, the deputy manager, the regional director, the dementia lead and nine staff. We looked at a range of records including three staff files, 11 people's care plans and other records relating to the management of the home.

Requires Improvement

Is the service safe?

Our findings

At our inspection in July 2017 we found a breach of regulations with regard to the provider not having suitable arrangements to protect people against the risks associated with the management of medicines. We found that not all medicines were administered safely and the stock control checks of medicine were not always correct. The provider wrote to us to say what they would do to be compliant with this regulation and improve this key question to at least good.

At this inspection we found the provider had followed their action plan and had improved their management of medicines. We checked the storage, documentation and administration of medicines and found that medicines were correctly and securely stored. The room and fridge temperatures were checked daily and recorded and the fridge temperatures were within safe limits for the storage of the medicines. However, we found high temperatures in one of the medicine storage rooms. Temperatures were between 26 and 27 degrees. Guidelines state that generally medicine storage should not be continually above 25°C (although some medicines now suggest storage not above 30°C). We spoke with the registered manager about this who said they were aware of the problem and had installed a free-standing air conditioning unit, although this was not as effective as it needed to be. They would continue to monitor the temperatures and if necessary move the medicine storage room to another part of the building.

Observation of administration showed that medicines were given safely and appropriately, respecting people's privacy and dignity. The medicine administration records (MAR) charts were appropriately completed and no gaps were noted, medicine in blister packs appeared to have been given correctly. Where people were on covert medicine, there were letters signed by the GP to this effect in with the MAR charts. There were recent photos of people with the MAR charts to ensure medicine was given to the right person. There was also a note in with the MAR chart specifying where there was more than one person with the same or similar name, warning staff to check they were administering the medicine to the correct person.

Protocols were in place for the administration of 'pro re nata' medicines (PRN), meaning 'when necessary.' Not all the protocols were clear as to under what circumstances the PRN medicine should be given, such as for the type and location of the pain or high temperature and at what temperature it should be administered. We also saw there was no protocol in place for a person who was prescribed diazepam. The registered manager told us that they were aware of the concerns we had raised and had put action plans in place to rectify the concerns. This included an independent medicine audit scheduled for later in the week which they had requested and been waiting for so they could improve their practice.

At our inspection in July 2017 we found a breach of regulations with regard to insufficient numbers of staff to care for and support people to meet their needs. The provider wrote to us to say what they would do to be compliant with this regulation and improve this key question to at least good.

At this inspection we found the provider had followed their action plan and although staffing levels had not increased on a daily basis, people's dependency levels were being monitored and staff increased where necessary. People and relatives commented on staffing levels "There do not always seem to be enough, they

are so busy and do not always come to assist quickly," "I see the same one [staff] who helps me and there are lots of them [staff] day and night," "There are always staff when you need them" and "There are always plenty of staff and they do a fantastic job at looking after everyone. There seem to be enough whenever I come and even in the evening'"

Despite the adjustment the provider had made and what people told us we observed some people were waiting for staff to attend to their care needs. One person who required personal care waited for nearly 40 minutes before they received assistance. Other people had to wait to be transferred from their wheelchairs to comfortable chairs in the lounge. We spoke with the registered manager and the regional director about this and they agreed that assessing staffing levels against peoples needs would be a daily and weekly occurrence.

We looked at the staff rotas and saw generally there were two registered nurses on duty both during the day and at night and eight care workers during the day and four at night. There was also a new deputy manager who was a registered nurse. The registered manager sent us the staff allocation records for April, May and the first week of June 2018, which showed the actual staff member who had worked that day. These were in line with what the registered manager had told us about staffing numbers. Staff we spoke with felt there were sufficient staff to meet people's care needs.

Recruitment practices continued to be safe. We looked at the files of three care workers and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

People were safe at the home. Comments we received from people included, "I am very safe here and all my things are too. We all are," "They do a great job here. Everyone is safe," "I feel safe. I don't worry about anything really because they look after me" and comments from relatives "I have no doubts or concerns at all. I took my relatives valuables home but only because she was obsessing about them. She is so well cared for" and "I have never worried about my relative's safety or belongings. His things are well cared for."

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to explain what safeguarding adults meant to them and the people they supported. These measures helped to ensure they kept themselves and the other people in the home safe at all times.

People continued to have appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life, including personal care and skin integrity, nutrition, falls and moving and handling. A person with a percutaneous endoscopic gastrostomy (PEG) feed had information about the risks involved and staff appeared to have a good understanding of the risks and how these could be mitigated. Another person who had fallen and banged their head was monitored for neurological problems and records showed that the neurological observations were taken and recorded appropriately.

Any wounds were recorded on body maps with appropriate care plans and input from the tissue viability nurse (TVN) when necessary. However, there were some charts for pressure ulcer prevention and management that were not fully completed. One chart only had two entries in a 24-hour period and not every four hours as recommended, there was also no information on how pressure relief should be managed when the person was sitting in a chair. In another case a person receiving oxygen therapy, their care plan stated, "maintain safety measures" but it was not clear what these were or where the information could be found. The care plan also said to monitor the person's saturation levels during therapy but did not

say what these were or what should be done if the levels were outside these parameters. We spoke with the deputy manager who said the care plans would be looked at and changed to help ensure people were kept safe at all times.

We saw each person had a personal emergency evacuation plan (PEEP) in place, which explained the help they would need to safely leave the building. Regular fire drills were held, with actions to take if the staff actions had not been as required during an evacuation. Contingency plans were in place should the home become unusable.

Lynton Hall had a full-time maintenance person and staff could report any faults with equipment directly to this person and they were noted in the maintenance book and actioned in a timely manner and signed as completed. The service had contracts for the maintenance of equipment used in the home, including the lift, fire extinguishers and emergency lighting. The service had a designated medical waste contractor and medical waste was stored and recorded appropriately. We observed good infection control practices, with staff disposing of soiled materials in a safe way. Staff had received training in infection control and the control of substances hazardous to health (COSHH). Overall the home was clean with no malodours.

The provider kept records of any incidents and accidents that occurred, including details of any incidents that related to the safeguarding of vulnerable adults. The provider analysed the records to see if there were any trends to the accidents and the actions they could take to keep people safe. This showed the provider and staff were learning from the incidents which helped to prevent future occurrences.

Good

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. People and their relatives commented about staff "They are very good. Lots of training I think," "They seem okay, confident and I have no real complaints," "They are very good at what they do," "They are well trained here" and "They are so patient and kind."

The registered nurses (RN) we spoke with all felt well supported and they thought their supervision was meaningful. We were told some of the care staff were being developed into a new role of senior care staff with additional responsibilities including administering medicine. The RN's were taking the role of supporting this development seriously and were enthusiastic about doing this well for the safety and well-being of people.

Staff had the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses staff needed to complete to care for people effectively. These included safeguarding adults, meeting people's nutrition and hydration needs, understanding behaviours that may challenge and care of a person with dementia. Registered nursing staff also received additional training in level two medicine administration and pressure ulcer care.

Staff spoke positively about the training they received and how it helped them care for people. Staff spoke very positively about the dementia awareness training they had received, delivered by the in-house dementia champion. They said the training was practical and easy to understand with time to ask questions.

Staff received one to one supervision every three months or more often if needed plus a yearly appraisal. Records we looked at confirmed this. We looked at the minutes of the last three staff meetings and saw that actions from the meetings had been recorded and addressed.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible. People told us "I like the freedom to choose what I do and not just have to sit in my room," "They [staff] give me choices and I think about them like if I want a bath or them to help me," "They [staff] talk to me about my care and if I want any changes and they write it down. They do ask me before they help me with personal care" and a relative commented "They [staff] ask her if they can do personal care and assist her in the bathroom, I hear them. They are very discreet and whisper to her. I'm very well informed and they involve my relative in all of that too."

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made the

relevant applications to the local authority for authorisation to deprive several people of their liberty. Information about people's capacity was included in their care plans. Two people commented "They know how I like things and try the best they can to assist me to do things myself" and "They know I like to sit with my friend and we do that all the time. They help me with the things I find hard but they do encourage me to try"

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People and relatives commented "The food is nice, well cooked and looks nice. They help me to cut things up," "I like the food and you can choose from a couple of things and smaller things like baked potatoes, omelettes, sandwiches," "I do like that we have a choice and there is plenty. They help me and don't rush me" and "The food looks and tastes excellent and they invite us [relatives] for lunch when we would like. I like this because it means I can still have meals with her and we share a glass of wine."

We observed lunchtime on the first floor and saw that people could choose to eat in their rooms or in the dining area. The tables were nicely set and people had cutlery appropriate to their needs. Staff assisting people to eat their meal, sat beside them, explaining what they were doing and what the food was. Staff were patient, waiting for a person to finish their mouthful before offering more food. Staff and people chatted together throughout the meal time. We observed one person eating in their room. They were sitting upright in bed, their meal, with cutlery and condiments were all within reach as was their emergency bell. The person explained to us that they like to eat in their room and wasn't feeling well earlier in the day so chose to stay in bed and not get dressed.

Some people were appropriately monitored for their food and fluid intake. This was often done if a person was losing or gaining weight, or was fed through a percutaneous endoscopic gastrostomy [PEG] tube.

The recording on the charts we looked at were not always consistent. The amounts of fluids drunk were not always totalled during or at the end of the day so it appeared that the necessary information was not being used to monitor care. People's weight was however monitored monthly which was appropriate for people's need and it was clear on the actions to be taken if there was a change and this was noted in people's care plans. We spoke with the deputy manager about the fluid charts and they said additional training was being given to staff so the fully understood the reason and impact of using these charts.

Staff ensured people received the care and support they needed from healthcare professionals. Each person was registered with a local GP who would visit when required. Other professionals came to the home to see residents as and when needed. These include the dietitian, the podiatrist, the speech and language therapist (SALT), the optician, the tissue viability nurse (TVN), the older adult's mental health team, the Parkinson's nurse and occupational therapist neurological assessor. Visits and telephone conversations with other healthcare professionals were clearly recorded.

Good

Is the service caring?

Our findings

The service was caring. We have improved the rating for Caring from Requires Improvement to Good because we observed staff treated people with dignity, respect and kindness.

When asked people were able to tell us about the staff, commenting "They help me to look after myself and they are kind. They let my sister join in and that's lovely," "They are very kind. I feel very well looked after," "The nurses are all lovely" and "I am rather fond of them [staff]. They make me laugh, keep me on my toes." Relatives commented "They are very kind, always giving full attention when they care for you and are tactile," "They do care for people. Everyone is treated given time but they are too busy to give him the excellent care that he needs" and "He [relative] has his care worker and she is fantastic. When she isn't here there is usually people you know, the odd agency staff come but they are familiar too. I think they try hard to get the same agency staff too" and "They [staff] are marvellous and they are kind. They are always holding someone's hand, stroking their arm even if they are in a group; everyone is acknowledged and spoken too. They are very tactile. It is lovely."

We observed many warm and caring interactions between people and staff. We saw that staff spent time listening and speaking with people. Staff were very relaxed and humour between staff and people was common and the general atmosphere in the home was cheerful and lively. We saw staff and management showing good support and sympathy to a relative when their loved one had died unexpectedly in the night. The registered manager took time to talk to and support the relative, gave them time and comfort without rushing them.

Communication was generally good, we saw staff offering drinks and choices and patiently waiting for a response. Other staff in the home, domestic staff and the maintenance person also engaged with people, showing concern for their safety and well-being and appearing to be very much a part of team. Staff responded well to people with dementia using appropriate strategies to support them. During an activities session, although we were not in the room we could hear staff speaking in a kind and inclusive way to people, saying "Hello [name of person], nice to have you with us" and "Thank you for joining us." We could hear people responding well to this kindness and joining in an activity of their choice.

People's religious and cultural beliefs were respected. People had the opportunity to join in a religious service when a visiting church came to the home. People's nutritional religious beliefs were being met by staff.

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. One person said "They [staff] are good listeners and they whisper to you if they think you need the loo."

The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy. People commented "They knock on my door and they always ask if they can assist with personal care. There is a lock on my door that I know how to use and I can use the lock on the bathroom and they stand outside," "I

feel they respect my space" and "The carers know I like to be private about things and they respect that. They ask me if I need any help." A relative commented "My relative still has her dignity here. Each person is treated as an individual and has the freedom to voice their opinion."

Good

Is the service responsive?

Our findings

We have changed the rating for Responsive from Requires Improvement to Good because changes had been made to people's care plans that more fully reflected their needs.

Lynton Hall was responsive to people's needs and staff assessed people's support needs before they came to live at the home. This information was used to plan the care and support they received. People commented about staff "They [staff] know me very well, they know how I like things done and make everything easier for me," "They know my quirks and I think they work well as a team to look after us all" and "They know us and our history and embrace that and welcome me and my thoughts."

The care plans we looked at were informative and gave staff the information they needed to support people effectively. The care plans described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed regularly. We saw where possible people had signed their care plan and the reviews.

The home had recently employed a deputy manager. Where we found errors in the care plans for example, we did not see evidence of discussions held with relatives about the care plans where a person lacked capacity to make decisions. In another person's care plan it made referred to two medical conditions the person occasionally suffered from but no information on how to treat this or the signs to watch for should the person become unwell. We also saw some language being used in the care plans that could have been infantilising or judgemental, such as feeding [rather than assisting to eat] or challenging behaviour [rather than behaviour that may challenge]. We spoke with the deputy manager about this and they said they were aware of the concerns we had found and all the care plans were being reviewed as part of the 'Resident of the Day' scheme and changes were being made. We were reassured by our discussions with the deputy and registered manager that changes would be made in a timely manner.

We also saw a very good communication care plan for one person, it was person centred and considered how good communication could help to avoid behaviour that could challenge the staff with a good plan on the management of distress and agitation. There was a well completed behaviour assessment tool in place.

The activity coordinators made good efforts to include everyone in the activities on offer. We saw they knew people well so they could talk to them in such a way as to engage them. During our visit there were some people doing craft projects and being encouraged to interact with each other and the activity coordinator chatted with people and tried to keep them involved and motivated.

People told us about the activities "I like painting and drawing. I like gardening and we do go out there too and do a few bulbs and things. I like animals visiting. I go to singing once a week and have the church service," "I have been to art and singing and I like walking to the park in my chair," "There is always something going on if you want to do an activity" and "I like to read and watch train programmes in the lounge and I do this whenever I want to." Two relatives said "There is always something going on and they plan ahead. At the moment they have been making decorations for their rooms. It's been lovely and they

have themes like summer and beaches. Today they are making sun catchers and fans. Everyone, including me has been involved" and "There is no pressure to do things and they give one to one activities in her [relatives] room like the crossword together, listening to music, singing. They are always jolly and singing here."

We asked people and relatives who they would go to if they had a complaint and did they think it would be dealt with satisfactorily. People responded by saying they would talk to the registered manager or the nurse and they would deal with it. One relative replied "I go to the management but it really doesn't get listened to and I have to keep asking with few results." Two other relatives said "When my relative first came here they were unsettled because of the loudness of other people and the general sound of the place. I spoke to the manager and my relative was put in a room as far from the noise as they could. Some of the nurses put music on in her room so she couldn't hear the noise as much. I thought they dealt with it very well and they were calming to her. Now she is settled and has a fantastic room near to the reception and Mario [registered manager] is superb at helping anyone. He really goes out of his way and is kind hearted to us all" and "They deal with anything as quickly as possible. The manager is brilliant, very proactive."

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. Any small concerns were dealt with immediately, which helped to avoid a continuing complaint.

People were supported to receive the type of end of life care they wanted. People commented "We are all treated the same [regardless of race or religion] and they respect how I want things done" and "They know my wishes if I get poorly and that I don't want to go to hospital. I have my Rosary and they respect that." A relative commented "We have discussed her [relative] life plan and her wishes have been recorded. They made this an easy thing to do as they were kind and sensitive"

We saw that some people had a 'do not attempt cardio pulmonary resuscitation' [DNACPR] directive. These were comprehensively completed, with details of the person's clinical health and the reason for a DNAR were described, and these were signed and dated by the GP. They were also updated when appropriate. The registered manager told us of one person whose condition had changed and they no longer wanted a DNACPR in place and it was withdrawn. However, we could not find any evidence of these discussions in the person's care plan. The registered manager said they would ensure that changes were kept up to date and clearly documented.

Good

Is the service well-led?

Our findings

We have changed the rating for Well-Led from Requires Improvement to Good because the provider had made positive changes to their auditing systems.

Since our last inspection in 2017 the manager has now registered with the CQC as a registered manager. The home has employed a full-time deputy manager. From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities with regard to CQC including the requirements for submission of notifications of relevant events and changes.

During our visit the registered manager was seen throughout the home and knew the people and their needs well. The deputy manager although relatively new was knowledgeable and keen to make improvements. People and relatives commented about the manager saying "He comes in to chat and help. He is a lot of fun," "He is very friendly," "He is lovely and you see him helping. He knows all the residents well and is proactive, gets things done, lovely chap" and "He is very good and welcoming."

We heard numerous comments from people and relatives about how kind and welcoming the staff and management were and we could see for ourselves the change in staff. Several staff told us they were now working better together as a team. Staff said they no longer say, 'that's not my job' but work together for the benefit of the residents.

During our last inspection the provider Bupa had conducted a survey of people and relatives and we reported on that at the time. A new survey for 2018 had not yet been conducted. Because of this we asked people if they were given the opportunity to voice their views about the care they received. People spoke positively about the residents and relative's meetings that were held regularly and commented "He [registered manager] sits and has a chat and asks if I'm happy and can he do anything for me" and "He has time for me" and relatives commented "There are lots of opportunities to give feedback at relative meetings or there is a feedback box. They ask regularly what you think or if you have any suggestions" and "Your ideas are welcomed." One relative also commented they would preferred the management to be 'more proactive and listen to us.'

We asked people and relatives what they thought the home did well and what they could do better. We received the following comments "They make me feel safe and help me to do things for myself. I am always busy," "The staff are so friendly" and "Everything is carried out in a relaxed but professional and discreet manner, they use screens when hoisting, knock on doors and let everyone live their lives how they would like to" and "It is relatively clean and the laundry lady is very kind to him [relative] and me." And what they could do better "A few more things for the gents, a social evening maybe," "I would like to sew and bake and I will tell them that at the next meeting. I haven't been here that long yet so they may do that already," "A few more further afield outings" and "I can't think of anything, they are marvellous and have even embraced our musical backgrounds"

The provider continued to assess and monitor the quality of the service. They conducted weekly and

monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of people's risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken and were signed off once completed. Accidents and incidents were comprehensively reported and regularly analysed for any trends as to why the incidents had occurred.