Magnum Care Limited

The Magnolia Care Home

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Magnolia Care Home provides personal care and accommodation for up to 40 people. On the day of the inspection the manager informed us that 26 people were living at the home.

At our last inspection in January 2018 we rated the service overall as 'Requires Improvement'. At this inspection the service had improved to 'Good.'

The home provides nursing and personal care and accommodation for older people, people with disabilities, people living with dementia, people with mental health needs, people detained under the Mental Health Act and people with sensory impairments.

A registered manager was not in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run. We will monitor this to ensure a registered manager is recruited.

People's risk assessments provided staff with information on how to support people safely. Lessons to prevent incidents occurring had been learnt from past events. Staffing levels were sufficient to ensure people's safety.

Staff had been trained in safeguarding (protecting people from abuse) and, in the main understood their responsibilities in this area. Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

People using the service and the relatives we spoke with said they thought the home was safe. They told us medicines were given safely to them. We found this to be the case.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives and they were of their responsibilities under this law.

People had plenty to eat and drink though not everybody thought food was of a high standard or variety.

People's health care needs had been protected by referrals to health care professionals when necessary. Visiting health professionals said that staff ensured that the standard of health care provided to people was good.

People told us they liked the staff and got on well with them. We saw many examples of staff working with

people in a friendly and caring way, though there was one occasion where staff had not shown respect for a person which the manager followed up. People and their representatives had not all been involved in making decisions about their care, treatment and support.

Care plans were individual to the people and covered their health and social care needs. Activities were organised to provide stimulation for people though they had been limited.

People and relatives told us they were confident that if they had any concerns these would be followed up.

People, relatives and staff were satisfied with how the home was run by the manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs and provide a quality service.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care.

The manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The provider had a legal requirement to inform the public of the home's rating and had informed the public on their website of the rating of the home; the rating was also displayed in the home. The provider had also met its legal requirements by sending us notifications about events which happened at the home.

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 and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse to their management. Risk assessments to promote people's safety were in place. Staffing levels were sufficient to keep people safe. Staff recruitment checks were in place to protect people from unsuitable staff. Medicine had been safely supplied to people. People had been protected from infection risks. Lessons had been learned from past safety incidents.

Is the service effective?

Good

The service was effective.

People told us that they received effective staff support to meet their needs. Staff were trained and supported to enable them to meet people's needs. People had sufficient quantities of food to eat and drink and said the food was good or satisfactory, though sometimes lacking in variety. There was positive working with and referral to health services. People's consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Requires Improvement

The service was not fully caring.

There was a lack of evidence that people and their relatives had been involved in setting up care plans. People's religious issues had not always been met. All the people except one and their relatives told us that staff were kind, friendly and caring and respected people's rights. Staff respected people's independence and dignity.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs. People told us that management listened to and acted on

their comments and concerns. A complaints procedure was comprehensive and included appropriate agencies who could follow up people's complaints. Activities based on people's preferences and choices were available but limited.

Is the service well-led?

Good

The home was well led.

People and their relatives told us that management listened to them and put things right when this was needed. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

The Magnolia 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 inspection site visit took place on 21 August 2018 and was unannounced. We returned on 22 August 2018 to complete the inspection. The inspection team consisted of an inspector, a specialist adviser and an expert by experience. The specialist adviser was a qualified nurse who had expertise of nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

During the inspection visit we spoke with five people who used the service and two relatives. We made direct observations at meal times and 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 spoke with the manager, the deputy manager, the provider's representative standing in for the manager on day one of the inspection, a visiting community nurse, a dietician and three care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

Systems were in place to keep people safe.

Everyone, except one person, said that they felt safe living in the home. This was also confirmed by relatives. The person who said they did not feeling entirely safe was not able to specify the reason for this.

A person said "Yes, I feel safe. Staff come quickly." Another person said, "People (staff) come to look after me during the day and night. When I fell over in my room, I couldn't reach the bell. I shouted for help and staff came quickly. Staff respect people and there is no bullying." A relative told us, "I have seen staff deal with challenging behaviour. They weigh up the situation and will gently relocate the person. Staff will talk with the person to calm [the person] down."

A tool for assessing a person at risk of falling recorded that the person had this risk. There was a risk assessment in place to provide information to staff to protect the person's safety to prevent them from falling. This included having a sensor mat in place to alert staff to provide support to prevent a fall. We saw the sensor mat was in place.

For a person that had behaviour that challenged the service, there was a risk assessment in place to manage these situations. Staff were able to tell us how they reassured the person and distracted them to manage this behaviour.

A risk assessment was in place for a person who was at of developing pressure sores. This included relevant issues such as the provision of equipment and the application of creams. Staff were aware of the need to regularly apply creams and records confirmed this. Frequent checks had been made to reposition people to prevent skin damage. A relative confirmed this happened. Some specialist mattresses had not been adjusted to the person's weight. The manager said this would be followed up and confirmed this had been carried out after the inspection visit.

A person was assessed as having continence needs. Records confirmed that staff assisted the person on a regular basis with these needs and staff were aware of the need to regularly assist the person. A risk assessment was in place to manage this need. This contained information about the symptoms of the urine infection which assisted staff to report the symptoms to obtain medical assistance.

Fire records showed that a fire risk assessment was in place. Personal evacuation procedures were in place to ensure the risks to people were individually assessed. Fire evacuation plans available to visitors. Fire tests were regularly carried out and fire drills were held to ensure staff were aware of safe procedures for evacuation.

There were enough staff to keep people safe. People said that staff responded within five minutes when called. Staff said that they felt there were enough staff on duty to ensure people's safety. The manager told us that sufficient staffing levels were in place to keep people safe. Staff were always present in the main

lounge where people sat, to ensure people's safety.

Staff understood the help that was needed to maintain safety and wellbeing. This was provided when they noticed people needed help. For example, a staff member assisted a person at risk of falling around the home and was patient and didn't rush the person or tell them to sit down. Other staff told us that they checked that the home had no slip and trip risks, they checked equipment before it was used, such as whether the hoist was safe to use, the right size sling was used for people and that hoist batteries were working. We saw staff assisting a person to transfer using a hoist. The person was reassured by staff at all times and this was carried out in line with best practice. Sensor mats and bedrails were in place to monitor people at risk of falling in their bedrooms. Regular safety checks were carried out.

We saw evidence that equipment and appliances had been serviced such as the hoist, the lift and electrical appliances.

Staff records showed that before new members of staff were allowed to start, there was evidence in place that management took up references checked and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people had been protected from unsuitable staff.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals were made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting any concerns to relevant agencies such as the local authority, CQC and the police.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home and to a relevant external agency if needed.

The home was clean and tidy except odours present in two bedrooms. The stand in manager followed this up. Staff were observed to use gloves and aprons to prevent infection spreading when working with people. A person said, "The staff wear gloves when they work with me."

A visiting professional and a relative told us that the home was always kept clean. Infection control procedures were observed as staff wore aprons and gloves when they provided care and assistance. Staff had received infection control training. They had been observed by management to make sure they knew how to observe infection control such as using the right equipment and washing their hands between tasks. A staff member wore protective equipment when medicines were issued to ensure that medicine was not contaminated. This prevented infections being passed to people. Infection control had been monitored by audits being carried out. This showed that safe infection control prevention procedures were in place to safely protect people from infection.

People said that they usually received their medications on time. A person told us "[Family member] gets [their] medications." Another person said that they had not received a medicine though the nurse on duty had followed this up and apologised for the oversight.

Staff supplying medicines to people had a gentle approach when encouraging people to take their medicine. Staff stayed with the person until they had taken their medicine. Medicine records showed that people received their medicine as prescribed. Medicines were kept securely so that people could not take

medicines that were not theirs. Information was available about medicines that should only be taken as needed in specific situations.

Medicines information included detailed information such as allergies so that people were not supplied with medicine that was unsafe for them. Fridge temperatures had been checked daily to ensure medicines were kept at the right temperature to ensure their effectiveness. Medicine room temperatures had been checked to ensure medicines were kept at the required level. Staff had detailed training and records showed that they had to pass a detailed assessment before they could supply medicine to people.

People said that their human rights were respected. We saw that people had freedom of movement around the home and were encouraged to maintain contact with family and friends.

The manager said that when things had gone wrong in the past, lessons had been learned. Any issues were discussed in staff handovers between staff shifts, and staff meetings. There was evidence in complaints investigations that lessons had been learnt from issues raised by complainants.

Good

Is the service effective?

Our findings

People told us that they thought staff were well-trained. One person said, "I've not seen staff struggling to do the job. If they are not sure they ask more experienced staff for help." A relative told us, "I have seen other people hoisted by two staff who explained what they were doing and why." A visiting health professional said that staff provided effective support to people. Staff had been helpful in obtaining information and had provided support to them when asked.

People's care plans included an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We have had lots of training. It covered all the things I needed to know. It helped me understand how to move people safely and was good because it was practical." One staff member had returned to the home after a break and said refresher training had been provided to ensure they knew how to provide effective care. Another staff member said that when they started working, a thorough induction package of training had been provided.

Staff training information showed that staff had training in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. Training on health conditions such as had been provided. The manager said that training on other issues such as sensory impairment would be provided to staff.

We found that staff had undertaken induction training. New staff had undertaken Care Certificate induction training. Care certificate training covers essential personal care issues and is nationally recognised as providing comprehensive training.

Staff had regular supervision sessions to discuss their work and any issues they had. One staff member said, "Supervision is useful though I know I can go to the manager and she will discuss any issues there and then."

Some people enjoyed the home's food. A person said, "I get a choice of food. It's very nice and I can feed myself." A relative told us, "If [family member] wants to eat later then [family member] food is saved." One person said that there was only one choice of vegetarian food whilst everyone else had a choice of two meals. The manager said this would be followed up. However, not everyone thought the food was tasty. Some staff told us that the variety of foods was limited. We saw this was the case in food records. The manager confirmed after the inspection visit that there would be a review of the menu, discussions were being held with the cook to ensure food cooked from fresh and more variety of meals were to be offered.

We observed lunch time. Everyone had a drink. The food was hot and well presented. Enough staff were around to serve people quickly. A person was assisted to eat and not rushed. Staff provided assistance in cutting up food into bite-sized portions so appropriate food was provided to people with swallowing issues.

Staff chatted to people so there was a friendly and homely atmosphere.

Drinks were available to people and they were offered more drinks and snacks between drinks rounds. This prevented people suffering from dehydration. Staff were aware of people's nutritional needs. For example, they knew people's dietary needs, such as the need to have soft food to prevent swallowing difficulties.

People and relatives told us that their healthcare was met. A person said, "The GP came to checked me after I fell." Another person said, "The GP comes on Mondays. He checks me out. I have two hospital appointments coming up. I'll get taken there by ambulance. The home will arrange it." Another person told us, "When I fell, the home called the doctor. The nurse also comes to see me and I have seen the optician."

A community nurse told us that staff were very good at contacting them if people needed assessment for treatment. She said that staff always followed the guidance nurses provided. A dietician said that guidelines supplied for people had been followed. People told us that when they needed a GP or optician, this was always arranged for them. They told us they had no concerns about their health needs being met. Staff ensured that people with specialist needs received their specialist check-ups with health professionals.

Each person had a list of their health professionals. This contained detail about a variety of relevant health appointments people that people had attended. Professional visits included a nurse visiting to monitor a person's skin condition and dressings. GP visits were recorded, for example, to check a person's foot infection.

Records also showed that staff had effectively dealt with any accidents that people had, such as contacting the GP or district nurse if needed as assessed by the nurse in the home. For example, referrals to the GP due to possible urine infections. The service used a pain scale to measure pain levels and had taken action to deal with pain.

The premises were accessible to people. There were displays of scenes from the past and photographs on a corridor wall. Articles of interests were displayed outside people's bedrooms. This provided interest and stimulation for people, particularly people living with dementia. Some minor issues such as a small number of cracked tiles and loose wallpaper were observed. The manager said these issues would be followed up.

Staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the relevant authority with regard to restricting people's choices in their own best interests. One person said, "Staff always ask me for what I want. Last night they asked me if I was ready for bed. I said I was watching a programme so they came back later." A relative told us, "When they do stuff like changing [family member] they talk [family member] through it." Staff told us that people were encouraged to independently do things for themselves even if they lacked capacity. This showed that the effective care was being provided to people in their best interests, even if they had limitations on their ability to decide all of their lifestyle.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with them and asked for their consent before supplying personal care. We

observed staff asking people for their consent and explaining what they were going to do when moving a person.

Requires Improvement

Is the service caring?

Our findings

Two professionals stated in a survey that people were encouraged to be involved in all stages of their care and treatment. However, care plans did not always show that people, or their representatives, were involved in decisions about how they wanted to live their lives. The manager said she had inherited this situation and would be following it up with people and representatives.

A person said they had deep religious beliefs but no priest had visited. The manager provided evidence after the inspection visit that this would be arranged. Another person who said they were religious was able to go to church as a friend took them.

All the people and relatives, except one person for some of their experience, said staff were understanding, caring and helpful. They had no concerns about staff respecting the dignity and privacy. A person told us, "I have no trouble with staff. They're right with me. I can't wish for more than that." A relative told us "I always find staff easy to talk to, caring and understanding." Visiting professionals said that staff were always friendly and helpful to people.

There were many instances of staff showing a caring attitude towards people. When people showed signs of anxiety, staff were quick to reassure them. Staff and management greeted and chatted to people. People were asked what drinks or snacks they wanted. A staff member provided support to a person and asked whether they wanted help or to do it themselves. Staff had a joke with people and praised people such as a staff member complimenting a person on being able to drink on their own. We saw one instance where staff appeared to ignore a person who was trying to speak with them. The manager said this would be taken up with staff as they needed to acknowledge anyone who was trying to gain their attention.

One person said that a staff member had recently expressed discourtesy to them. The manager followed this up with the staff member concerned. Staff had friendly conversations with people in the lounge. There were smiles between staff and people.

People felt that staff respected their independence. One person said, "I can get up myself." I can manage a lot myself." A relative told us, "[Person] looks after [themselves] as much as possible."

Staff demonstrated that they knew the people who they were caring for, for example by being aware of people's food choices. They were aware of the need to protect people's confidentiality by not speaking about them in front of other people. People said that family and friends were able to visit at any time and there were no restrictions. Relatives confirmed this. The service user's guide emphasised that people were entitled to exercise their personal rights and that people's lifestyles would be respected, such as respect for race, culture and sexual identity. The manager was aware of arrangements to respect all people's personal relationships to treat people equally. Visits from people's long-term partners had been arranged and encouraged.

People told us that they exercised choice about important things in their lives. For example, what clothes

they wanted to wear and what time they wanted to get up and go to bed. There were no set rules. They could choose their own lifestyle such as when to get up and when to go to bed, whether they took part in activities and they were able to go out when they wanted. These issues showed that staff respected people's choices of lifestyle.

People told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging people to wash themselves where they could manage. Care plans supported this. This showed that people's independence had been promoted rather than staff intervening early and not allowing time for the person try to complete this task.

People told us that staff respected their privacy. Staff told us that they always knocked on people's doors and waited before entering. They closed blinds in bedrooms to maintain privacy and covered people when assisting with washing.

Good

Is the service responsive?

Our findings

Most people and relatives were positive about the personal care provided by staff. They received information about their medicine and health conditions. One person said, "Staff are very good on the whole and get to know what you want and don't want. They work hard." Another person told us, "I have a mat by my bed. If I tread on it someone comes quickly. If I ring the bell someone comes within five minutes."

We saw staff being responsive to people. Staff helped people sit in the chairs they wanted to. Staff acted on people's choices for meals and drinks. A staff member noticed a person did not have their watch on properly and helped them to fix this. Another staff member noticed a person was nearly spilling their drink and asked if they wanted to put it on a table.

Care plans had included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do, treasured memories and important stories from their lives. This gave staff information about how to support people and to help them to achieve what they wanted. Records showed that personal care had been provided such as supporting people to maintain continence.

When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people and their preferred lifestyle. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

Care plans had been reviewed to ensure they still met people's needs. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues to people's lives. This meant that relevant information was available to staff about how to provide personal care and support to people.

Staff told us that the manager asked them to read care plans. They said that information about people's changing needs had been communicated to them through handovers of information between staff shifts and recorded in people's care plans. A system was in place to ensure staff recorded they had read care plans, so were in a position to provide effective personal care to people.

People told us that there were activities available if they wanted to join in. We saw people playing skittles which they appeared to enjoy. We observed some one-to-one activities such as colouring, reading magazines and book and having a chat. Staff said that they needed to be more activities; "The carers do little bits with residents to talk with them, give hand massages, bingo, colouring and books to look at. We had a singer come in last month." A person told us, "There's no activities for me in my bedroom." The manager said this would be followed up. There had been adverts for an activity coordinator but there had been no response. She said she would consider asking interested and competent staff if they were interested in undertaking this role to ensure activities were consistently provided. Activities had been provided on two or three days a week from an activity coordinator in another home. There had been no trips out. The manager said this would be followed up.

The manager was aware of the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included a section about people's communication needs. The manager said that other methods of communicating such as by pictures or signs were not currently needed. People with difficulty in hearing had working hearing aids. Large print books were available for people with sight impairment. The TV had subtitles on to help people with hearing problems.

Most people and relatives did not have any complaints about the service. They were confident that any concerns would be taken seriously and would be acted upon appropriately by the registered manager. A person had some concerns about the way staff responded to them. This was investigated by the manager who sent us these conclusions after the inspection visit.

When concerns had been expressed by people or their relatives, they said they had been addressed by the manager. A relative told us, "I just communicate with staff about any concerns and it gets sorted." Another relative told us, "If we were unhappy we'd speak to the manager. I phoned the home this morning and they were patient and very helpful."

There were a small number of recorded complaints since the last inspection. These had been investigated and acted on. There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. This included contacts for the complainant to go to if they did not want the provider to investigate their complaint. It also included the information about the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint.

No one was receiving end of life care at the time of the inspection visit, though care plans contained information about people's end of life wishes and preferences. We saw records outlining the care provided to a person who had received end of life care in the past. This included relevant information such frequently checking the person's welfare, the provision of pain control and preventing skin damage. Staff had received end-of-life training to ensure they were aware of making people's care as comfortable as possible.

Good

Is the service well-led?

Our findings

The home was well led.

A relative told us, "I am happy with the home. Carers are caring." People and relatives said that they would be confident about speaking to the management. Another relative said, "I would be confident to talk to the manager and she would take me seriously." Another person told us, "Oh yes, it seems to be well managed. The home is more or less steady." People said they would recommend the home to others. One person said, "The home was recommended to me and I would recommend it to others." A relative told us, "The home is better than the previous one."

A visiting dietician said that the manager was more proactive. She had provided a great deal of training to staff. All the people living in the service were now on food charts to ensure they were being provided with adequate foods and fluids. Food supplements had been provided to prevent malnutrition.

This positive picture of management was supported by the large number of positive interactions we saw between staff and management and people living in the home.

The home did not have a registered manager, which is a condition of registration. However, the current manager had only been in post a short time and was shortly to be applying for the registered manager's position. We will monitor this to make sure that a suitable person applies to be the registered manager.

Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

Residents meetings had taken place and they focused on what people wanted. For example, discussing activities, laundry and staffing issues. However, meetings had not taken place for some months. The manager said another meeting was due to be held shortly. This showed that people had some involvement in the running of the home.

Staff said they could approach the manager about any concerns or ideas they had to improve people's care. One staff member said, "We know we can go to the office and speak to the manager or the deputy and they will spend time helping us." They felt their opinions were properly listened to and they had received useful advice on how to deal with situations relating to people's needs. Staff meetings were held and included issues such as ensuring a staff presence in the lounge to meet people's needs and ensuring people were provided with food and fluids. Staff felt able to raise issues with management. For example, staff said people needed tools for their nails and the manager quickly obtained these.

An agency staff member said that the manager was approachable and had sat in on a handover of information about people's needs, which was unusual in their experience. A staff member said that staff had spoken to the deputy about helping people to eat and the deputy had come to help to make sure people's needs were quickly met. This indicated that staff were listened to so they had an input in making sure a

quality service was provided to people.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that used the service. The manager said that it was essential that people were treated with respect and dignity, ensuring their welfare and giving them choices.

Staff members told us that the manager always expected staff to be friendly and approachable and treat people with kindness, dignity and respect. This was supported by literature of the home. Staff said they would recommend the home to relatives and friends. One staff member said "People get good care here. We make sure of that."

The manager understood the legal obligations. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was an annual survey of relatives, professionals and staff views. This showed a generally high level of satisfaction with the service. Residents meetings were held to check that people were happy with the service on issues such as food and activities. The manager said that a survey of people's views would be carried out in the near future.

There was a system in place to ensure quality was monitored and assessed within the service. For example, audits checked that medicine was supplied as prescribed, staff were competent to administer medication to people, and a charts audit showed that essential checks had been carried out to promote people's health needs. Having quality assurance systems in place protected the welfare of people living in the service and indicated a well led home.