Bhandal Care Group (1ST Care UK) Ltd

Heatherlea House Residential 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 17 July 2018 and was unannounced. Heatherlea House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Heatherlea House Residential Home is registered for 17 people in one adapted building. On the day of our inspection, 15 people were living at the service and one person was in hospital.

There was a registered manager in post who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the service were protected from harm as the provider had robust processes in place to ensure their safety. Staff supporting people were aware of their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to people's safety were clearly identified with measures in place to reduce these risks. The environment and essential equipment were well maintained.

People were supported by well-trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge of reducing the risks of cross infection.

People's needs were assessed using effective evidenced based assessment tools. These were then used to provide clear guidance for staff to assist them gain a good understanding of an individual's needs and offer the most effective support to people. Staff were supported with appropriate training for their roles.

People were supported to maintain a healthy diet, with staff showing good knowledge of people's nutritional and health needs. They received support to manage their health needs through well-developed links with local health professionals. The environment people lived in was a well maintained safe environment which met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service

supported this practice.

People at the service, and relatives were treated with kindness and care by staff who supported people with respect and dignity, and developed positive relationships with people in their care.

People were able to maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were listened to.

The care people received was person centred and met their individual needs, they were supported to take part in a range of social activities to prevent isolation. People's wishes in relation to their end of life care were discussed with them so their wishes were known. There was a complaints procedure in place and people knew who to complain to should they have any issues.

The service was well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence.

People were supported by adequate numbers of staff and they received their medicines as prescribed. Medicines were managed safely across the service and staff administering medicines were provided with training to ensure they were safe to do so.

People lived in a clean and hygienic service.

Is the service effective?

Good

The service was Effective.

People's needs were assessed using nationally recognised assessment tools.

People were supported by staff who received appropriate training and supervision. People lived in a service which met their needs in relation to the premises and adaptions were made where needed.

People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was Caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices.

People and their relatives were supported to be involved with the development of their care.

People had access to advocacy information should they require this.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care and had access to a range of social activities.

People had access to information in a format which met their needs.

People were supported to raise issues and staff knew what to do if issues arose.

Where appropriate, people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

There was a robust governance system in place to monitor the quality of the service.

Heatherlea House Residential 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 checked 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 comprehensive inspection took place on 17 July 2018 and was unannounced.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

The inspection was undertaken by one inspector. During the inspection, we spoke with five people who used the service, three relatives, five members of staff and the registered manager.

We looked at the records relating to four people who used the service. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff records, meeting minutes and arrangements for managing complaints. We asked the registered manager to send us their training matrix, which they did following the inspection.

Good

Is the service safe?

Our findings

People at the service told us they felt safe in the home. One person said, "Oh yes everywhere is locked and secure." Two other people told us they felt the staff were trustworthy and they felt safe with them. Relatives we spoke with echoed these comments, one relative told us they had confidence in the staff to keep their relation safe. They said they could see their loved one felt safe with the staff who cared for them by the way their relative spoke with and interacted with the staff.

Staff we spoke with showed a good understanding of how to protect the people in their care from abuse. They told us they had received training to help them recognise the different types of abuse people who lived at the service could be exposed to and would know who to report concerns to. One member of staff said, "I wouldn't put up with anything like that (abusive behaviour) I would deal with it straight away and report it to the deputy or manager." They told us they had confidence the deputy or registered manager would deal with any issues and ensure people in their care were protected. Our conversation with the registered manager showed they understood their responsibilities in keeping the people in their care safe.

The risks to people's safety were assessed and measures were in place to support people and reduce risks. One person we spoke with told us they were able to mobilise with the aid of their walking frame, they told us staff reminded them to use the frame and made sure it was within their reach when they were sat down.

Staff we spoke with were aware of the different risks to people's safety, for example who needed support with mobility or who required regular monitoring and the rationale as to why this care was needed. They told us all of the information they needed was in the risk assessments in people's care plans.

The risk assessments we viewed had clear information on the different risks to people's safety, and how staff should mitigate these risks. For example, one person's legs were prone to ulceration due to poor circulation. Their risk assessment and accompanying care plan gave staff guidance on how this should be monitored, what things to do to reduce the risk and what help they should get if the person's skin deteriorated. The information in the person's care plan reflected the information the staff gave us about the person's care. This shows the staff at the service had the necessary tools and knowledge to manage the individual risks to people's safety.

Environmental risks to people's safety were also regularly assessed and measures were in place to keep people safe. For example, there were policies and protocols in place to protect people from the risks of fire. Staff we spoke with were able to discuss how they would evacuate people in an emergency and each person had a personal emergency evacuation profile (PEEP) in place, which we saw was reflective of their needs. The provider undertook regular servicing of the equipment, used in relation to people's care, to ensure it was fit for purpose. We saw staff using equipment safely and they told us they had received appropriate training prior to using any equipment at the service. This showed the provider provided a safe environment for people to live in.

People were supported with sufficient numbers of competent staff to meet their needs. One person we

spoke with said, Yes there is always enough (staff), but they are always working." Another person who preferred to spend the majority of their time in their room told us the staff responded quickly to the bell if they rang. Both this person and a further person who preferred to stay in their room told us staff were always popping into their rooms to check they were okay.

Staff we spoke with told us they felt there were enough staff on duty to support people. They told us the registered manager had recently recruited a new member of staff and was working to recruit a further staff member. They told us they and their colleagues worked to cover any vacant shifts along with the deputy manager and registered manager.

The registered manager told us they continued to work to ensure there was a full complement of staff at the service and when shifts were not covered they or the deputy manager would cover the shift, as they wanted people at the service to have continuity of care.

The registered manager told us they used safe practices when recruiting staff. We examined staff records that showed people had needed to provide two references before being employed by the service. One of the references was from their last employer and any gaps in employment were explained. The disclosure and barring service (DBS) was used to check on any criminal records potential employees may have. This supported the registered manager to make safer recruitment decisions and prevent unsuitable staff from working with people at the service.

People told us they were supported with the medicines they needed to maintain their health. One person said, "Yes they come round with them (medicines) regularly." People told us if they needed medicines on an as required basis, for example to control their pain or support their digestive system, these were given when they required them. There were protocols in place for each person so as required medicines were administered consistently at the times people required them. Each person had a medicine administration record (MAR) in place. These records were completed to show people's medicines had been administered correctly. Any hand written entries on the MAR had been signed by two staff members to show the prescribed medicine had been checked and correctly transferred on to each person's sheet.

Staff we spoke with told us they had received training in safe handling of medicines and the registered manager and deputy manager undertook regular checks of their competency to ensure they were safe to administer medicines. The training records we viewed supported the comments from people and staff, and showed the registered manager worked to ensure the management of people's medicines were safe.

People told us they felt the environment they lived in was clean and their rooms and communal areas were cleaned regularly. During our visit we found some minor cleanliness issues which we addressed with both the housekeeper and registered manager. They responded to the issues raised straight away and put in measures to ensure the minor issues would continue to be monitored and addressed.

Staff we spoke with were able to discuss the ways they would deal with infection control issues. There was personal protective equipment (PPE) available around the service and we saw staff use the equipment appropriately. Staff understood the importance of regular hand washing and we observed good hand washing practices during our visit. This showed the staff at the service worked to protect people from the risks of cross infection.

The registered manager had processes in place to help staff learn from incidents and accidents to reduce the possibility of reoccurrence. This was done through regular staff meetings and daily hand overs; staff told us there was a communication book that they used to keep up to date with any changes or events. Staff we

spoke with told us they were a small group of staff and they regularly discussed events to ensure everyone was kept up to date on any changes to people's care as a result of accidents or incidents.

Good

Is the service effective?

Our findings

The assessment tools in place to assess the needs of people at the service did not always show if these were nationally recognised tools, for example the falls risk assessment. However, following our visit the registered manager gained advice from the district nursing team and researched the documentation used. They were able to show the tool used for the assessment of the risk of falls was in line with the National Institute of Health and Care Excellence (NICE) guidelines. They also told us the conversation had prompted them to discuss the tissue viability documentation in place and they were working with the hospital nursing team to discuss the use of an assessment tool that was being using in the local hospitals. They felt the use of the same tool would provide continuity of care should people be admitted from the local hospitals to the service. This showed the registered manager was working to ensure the tools used were evidence based and would achieved effective outcomes for the people in their care.

People told us they had confidence in the staff that supported them. They felt the staff had the correct training to undertake their roles. One person said, "They know what they are doing." A relative we spoke with told us they saw staff support people confidently and told us they had seen staff undertaking training when they had visited their loved one.

Staff we spoke with told us they had undertaken a range of training on subjects to support them in their roles. This included health and safety, infection prevention and control, moving and handling, food hygiene, and supporting people who were living with dementia. Staff told us they had been supported to undertake specialist training to use equipment to monitor the particular health needs of a person who lived at the service. They told us they had been supported by the local district nursing team with this training and it had given them confidence to support the person with this aspect of their care. This showed the registered manager equipped the staff with the relevant skills to support the people in their care.

Staff were supported with regular supervision from the registered manager. One member of staff told us they felt this was useful for them as they could discuss the different aspects of their job and the registered manager could discuss their performance. Although staff told us they could approach either the registered manager or deputy at any time should they have any concerns. This showed the registered manager worked to continually support staff in their roles.

People told us they enjoyed the food at the service and got enough to eat and drink. One person who preferred to spend time in their room told us their meals were brought up to them and they always got something they liked. Another person told us they required a specialist diet and staff supported them with this, making small adjustments to the meals so the person got the meals of their choice.

Staff we spoke with showed good knowledge of people's dietary needs and preferences and we saw they supported people who required help to eat their meals. This was undertaken in a respectful and caring way with staff sitting with people supporting them at their own pace. Where people had required input from health specialists to ensure their diet was appropriate, this had been requested. For example, one person was at risk of choking when eating foods of a certain consistency. The staff had received guidance from the

Speech and Language Therapy (SALT) team on the safest diet for the person and staff were aware of and followed the SALT team's advice. We also saw one person had been losing weight and the staff had requested the support of the person's GP, who prescribed a fortified diet for the person. Staff worked to support the person with this diet. This showed that people's nutritional needs were well managed by the service.

People's health needs were also well managed by the service. People and their relatives told us if people showed signs of illness, the staff were quick to refer them to health professionals for support. One person told us the registered manager had noticed they were looking pale and referred the person to their GP for tests. The person told us as a result of the tests they needed treatment, which improved their health. The staff we spoke with told us the district nursing team came into the service on a daily basis and they had a good relationship with the team of nurses. The staff we spoke with were also aware of who to contact should they need advice at night or at a weekend. We saw one person had been ill at a weekend recently. Their records showed how staff had sought advice from the out of hours GP service to ensure the person received care as quickly as possible.

People's records also contained information that could be taken with them should they need to attend hospital in an emergency. The information would be useful to health professionals treating the person. This showed the staff at the service worked to meet the health needs of the people who lived there.

The environment met the needs of the people who lived at the service. The provider had taken over this location one year previously and had already made significant improvements to the communal area of the home. Previously there had been a small lounge area, which was not big enough to allow everyone who lived at the service to sit together. The provider had built a lounge dining area and had a small lounge for people to use as a quiet area. This had meant people were able to spend time together and have a choice of areas in which to sit. The provider had an ongoing refurbishment plan in place at the service which including adding en-suites to some bedrooms and improvements to the laundry room and the outside area of the service. This showed the provider was working to consistently improve the environment for the people who lived at the service.

People told us that staff always checked if they were happy for them to provide care before they assisted them. During the visit, we saw staff discussing things with people before providing care. The staff we spoke with told us they always assumed people could make their own decisions about how they wanted their care given. They told us they knew how to approach people to support them make their own decisions about their care. One member of staff told us all the staff were aware of the different barriers people faced when trying to make their own decisions. For example, one person was deaf so the member of staff made sure the person had their hearing aids in and gave the person time to take in the questions. They told us they also used simple sign language that the person responded to positively. The member of staff felt it was important that the people they cared for felt in control of their daily care.

The Mental Capacity Act (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 service was working within the principles of the MCA. We found they were.

Where people lacked the mental capacity to make specific decisions about their care, the registered manager had undertaken mental capacity assessments. This was to establish if specific decisions needed to be made in the person's best interest. When this was the case, the registered manager had worked with the

person's relatives and relevant healthcare professionals to ensure any decisions made for people were the least restrictive option and in the person's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A number of people at the service had a DoLS authorisation in place and where there were conditions set by the DoLS team these were being met by the provider.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives were complementary about the attitude of the staff at the service. Everyone we spoke with told us the staff were kind and caring. One person said, "They do look after us very well." They went on to say, "They are a lovely lot." Another person told us they had a key worker and that member of staff undertook shopping for the person. They went on to say, "But any of them (staff) would go shopping if I needed something." A further person who preferred to stay in their room told us staff were always popping in and chatting. They told us the staff were aware of their interest in a recent televised sporting event and came in to discuss the progress of the different teams with them. The relatives we spoke with told us they were made to feel welcome when they visited the service. They said they would be offered a cup of tea and staff would chat with them.

Staff we spoke with told us they enjoyed working at the service and became attached to the people they supported. One member of staff told us that one person had come into the home when their partner had become ill. Unfortunately the person's relative died and the person told their family they wanted to stay at Heatherlea as they felt comfortable there. The member of staff felt this showed how staff worked to support people in a caring way. Another member of staff said, "It's lovely working here – its hard work but you can go home and feel you have left people happy."

Our observations confirmed what we had been told as we saw some relaxed, positive and kind interactions between people, their relatives and the staff who supported them. One person liked to walk around the service settling for short periods in different areas of the home. Throughout the day we heard staff chatting to the person as they passed them, checking they were all right or just having a few words with them.

We spoke with the provider who told us they wanted to provide an inclusive environment for people who lived at the service. They told us this was why they had undertaken the changes to the communal environment so people had choices of where to spend their time.

People told us they were given choices of how to spend their time and the staff listened to their views on how they received their care. One person told us they got up and went to bed when they wanted to. They told us they chose how and when they wanted their daily care provided. Another person told us when developing their care plan their relative had supported them. They told us they liked the fact that staff listened to themselves and their relative, and when on to say, "I sometimes think, how did they know I like that!"

Staff we spoke with told us they worked with people and the relatives to ensure people's choices on the way they wanted their care delivered were respected. One member of staff told us they listened to people and their relatives, and made sure the information on their choices was in people's care plans. They said, "I would want the choices, so I make sure the people I care for get that."

People's care plans had evidence of the collaboration between people, their relatives and staff to ensure people's views were recorded. We saw there was an easy read document that had been completed with

people in their care plan. The above evidence showed the staff supported people to express their views on the care they received.

The service provided information for people on the availability of advocacy services should they have required this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. Two people who lived at the service had the support of an Independent Mental Capacity Advocacy (IMCA). IMCAs were introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

There was evidence in people's care plans to show their religious and cultural needs had been considered. No one currently living at the service had expressed a wish go to their local place of worship. However, the registered manager had arranged for a religious service at the home on a regular basis and supported people to attend should they wish to.

People told us the staff worked to maintain their privacy and independence, and treated them with dignity and respect. One person told us they liked to manage their own personal care as much as possible. They said " The staff leave me alone so I can get washed and dressed in private." Other people told us staff knocked before coming into their room and they kept curtains and doors closed during personal care. Another person went on to say the staff supported them to remain as independent as possible; they said, "I don't want to give up altogether!" Relatives we spoke with told us they witnessed staff treating people with respect. Staff told us they recognised the importance of maintaining people's privacy, dignity and independence. One staff member told us they always made time for people to do as much for themselves.

Good

Is the service responsive?

Our findings

People at the service received individualised care from staff who were knowledgeable about their needs. The care people required was documented in their care plans and gave staff the information to provide the support each person required. People we spoke with confirmed they received the care they required in the way they wanted it. One person said, "The staff are very good they do things how I want." Another person told us, "Staff know what I like and they are very good that way."

Staff we spoke with showed an excellent knowledge of people's preferences and needs and worked with people so they received individualised care. Throughout our visit there were numerous examples that showed staff worked to provide individualised care. We saw when people were sat in the communal areas or in their rooms staff made sure they had the items they required close to them. This included glasses, knitting equipment, walking frames.

Staff told us they were able to access the care plans on a regular basis and the communication regarding any changes to people's care needs was good. They told us there was a communication book and regular staff handovers. The daily records staff kept on the care people received, contained information that was useful to chart any changes in people's care needs. A member of staff told us if they had days off or annual leave, the information in the daily records would prompt them to check people's care plans for any changes.

People's particular needs were embedded in their care plans and the care plans we examined contained clear up to date information for staff. For example, we saw information for staff on how to support one person who was partially deaf and required hearing aids. The person also needed their glasses to support their sight. The importance of ensuring the person had these items with them was stressed in their plan and on the day of our inspection we saw the person had their glasses and hearing aids in place.

The provider was working to meet the accessible information standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw communication support plans provided staff with information about people's communication and sensory needs to support their communication. We noted that parts of people's support plan were presented in an easy read format to support people to understand what was recorded about them. There had recently been a person at the service who needed support to communicate by using sign language and there were posters around the service with commonly used signs to assist staff to communicate with the person.

We noted there were further improvements that could be made to support people with accessible information such as larger print on some information displayed. There was also a lack of a clock and signs showing the date in the communal area. The registered manager and provider told us they were aware of this and we noted it had been highlighted on the recent provider audit. They told us they would be addressing this in the very near future. Following our inspection, the registered manager emailed us to confirm this had been addressed.

People were supported to take part in a range of social activities. A new activities co-ordinator had a programme of activities to prevent people from becoming bored and isolated. These included baking, crafts and knitting. People told us they could join in with any of the activities if they wished. We also saw the activity co-ordinator spent time with people on a one-to-one basis. Two people had recently been admitted to the service and on the day of the visit we saw the activity co-ordinator chatting to them and establishing what their interests were. We also saw staff taking the opportunity to make the most of any trips out for people. For example on the day of our visit the activity co-ordinator had escorted a person to attend their GP for a check up and had stopped to have an ice cream at the local ice cream parlour.

People also told us they had been able to cultivate friendships at the service and some people enjoyed sitting together. Staff also told us one or two people who lived with dementia enjoyed walking around the service and stopping in each others rooms. The staff told us they monitored this closely, but had found that the people were calmed by each others company. This showed staff worked in a number of ways to support people in an inclusive way and prevent isolation.

People we spoke with told us they knew who to complain to if they had any issues with their care. One person said, "I haven't had any concerns but could talk to any of the carers and they would sort it out." Relatives we spoke with told us the registered manager and deputy manager always worked with them to sort any issues out so things never escalated into a complaint.

The registered manager also told us both she and the deputy manager would be available to discuss any concerns people had. They told us they felt it was important relatives felt they could raise concerns that would be dealt with straight away, and be taken seriously. Staff we spoke with were aware of their responsibilities in managing any concerns or complaints when they were raised. One member of staff told us they would sort out any small issues straight away but would pass anything they could not deal with on to the management team. They were confident that the registered manager would deal with any concerns quickly.

The company's complaints policy was displayed in the entrance of the service.

People's end of life care was managed according to their wishes and staff worked with people at the appropriate time to support them make their wishes known. We saw a person had completed an advance care plan with staff to make certain their preferences in relation to their care were known. This included information on where they wanted to spend their last days and who they wanted to make decisions about the arrangements following their death. Other care plans we viewed had information about people's religious and possible physical needs in relation to their end of life care. It was clear staff had considered this aspect of people's care as the information in people's care plans varied in detail dependent on how much people wanted to discuss their end of life care.

Good

Is the service well-led?

Our findings

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager and deputy manager were well known to both the relatives and people who lived at the service. We were told by people that they were both a visible and approachable presence in the home. One person said, "Oh yes, see them both regularly." Another person said of the registered manager, "She is often around the home; she pops in and checks that I am ok." Relatives told us the registered manager and deputy manager were open and honest and provided strong leadership at the service. One relative who had recently admitted their relation to the service told us they had no experience of how the adult social care system worked, but that the registered manager had been very helpful, caring and honest with them. They told us this had given them confidence in the service.

Staff told us they were well supported by the management team and felt they could talk to both the registered manager and deputy manager about any issues they may have. One member of staff said, "If I made a mistake I feel I could go to [registered manager] to make sure it was sorted." They went on to say the registered manager had regular meetings with staff and would address any issues to ensure staff were "kept in the loop".

People, relatives and staff told us the deputy manager worked on the floor when needed and if there was sickness or staff needed support the registered manager also worked alongside care staff providing direct care for people. The registered manager told us they would prefer, where possible, to undertake shifts to support people rather than using agency staff.

The registered manager was also the registered manager for another service in the company, but staff told us they could contact her or the deputy manager if they needed to. Staff told us the registered manager had an open door policy and on the day of the visit we saw good interactions between the staff and the registered manager. Staff told us they had confidence in their registered manager to support them in their roles.

The registered manager undertook a range of quality audits to monitor the service provided to people. These audits included environmental audits in relation to health and safety, infection control and maintenance of the service. They also undertook audits of medicines, care plans, management of people's

weights, any accidents, incidents or falls. Our observations of the audits showed there could be more analysis to exclude or identify trends and we discussed this with the registered manager. They told us they would look and re-examine the audits they undertook, and improve the analysis. Following the inspection the registered manager sent us information to show how they had addressed this.

The provider also undertook audits when they visited the service. We saw their observations included people's views of the service and they had noted examples of how staff had worked to ensure people had choices about their care. The provider monitored the environment to address any maintenance issues and the progress of their environmental improvement plan. They talked to staff and recorded their views, noting what they were doing to address any concerns raised. The provider also told us they spoke with their registered manager three or four times a week and held video conference meetings to ensure the registered manager was supported.

One person we spoke with told us they had not attended any residents' meetings but had been asked their opinions on the way the service was run, through questionnaires. We saw the provider intended to use this tool, in the future to obtain people's views on a quarterly basis . The registered manager told us they had carried out residents' meetings during the last year but as the new lounge area was being built they had not been able to carry out any recent meetings. They told us they had been working hard to improve the quality of the service for people in the year since the provider had acquired the service. The improvements to the communal areas and the appointment of the activities co-ordinator meant they would be holding regular residents' meetings in the future. The registered manager told us they intended to hold the meetings with the activities co-ordinator and the cook and themselves present as this would give feedback to people straightaway on the majority of issues people tended to raise.

The provider had started to hold quarterly provider meetings with the managers from the different locations in the company. This allowed the registered managers in the group to network and share ideas, experiences and discuss ways they could improve the service they provided to the people in their care. We saw the minutes from the last meeting and saw a range of topics were discussed such as training, uniforms and management of maintenance. The registered manager told us they had found the meetings useful and informative. The above shows the provider works to have a good oversight of the services they provide.

The deputy manager and registered manager worked with external key organisations to ensure people received support from professionals such as social workers, health professionals and the local authority.