

The Thorns Retirement Home Limited

The Thorns Retirement 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 unannounced inspection took place on 16 and 21 February 2017.

The Thorns Retirement Home is situated in Hest Bank village in Lancaster. The home provides accommodation for a maximum of fifteen people who are 65 and over. Accommodation is provided in 11 singles and 2 double bedrooms over two floors. A lift is available for use between floors. The double rooms are used as singles, unless occupied by couples who want to share. En-suite facilities are available. The home is set within its own grounds, including a designated car park. At the time of the inspection visit there were nine people residing at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

We last carried out a comprehensive inspection of the service 07 and 12 October 2015. At this inspection we rated the service as requires improvement as we identified concerns within the environment. We also found processes were not in place to ensure CQC was notified of all significant events. We carried out a focussed inspection in May 2016 to ensure all improvements had been made. We found the service had made all required improvements.

At this inspection carried out in February 2017, people and relatives spoke positively about the care delivered. People told us staffing levels were conducive to meet their needs. We observed staff being patient and spending time with people who lived at the home.

Staff treated people with kindness and compassion. We observed staff being patient with people and offering reassurance when required. People who lived at the home and relatives all commended the caring nature of the staff team. We noted there was an emphasis on promoting dignity, respect and independence for people who lived at the home.

People told us they felt safe and secure in a homely environment. Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable arrangements were in place for managing and administering medicines. The registered manager carried out audits of medicines to ensure systems were being followed correctly by staff. We noted action had been taken by the registered manager when areas for improvement were identified.

Recruitment procedures were in place to ensure the suitability of staff before they were employed. Staff told us they were unable to start their employment without all the necessary checks being in place.

People's healthcare needs were monitored and managed appropriately by the service. People told us guidance was sought in a timely manner from health professionals when appropriate. Relatives praised the ways in which people were supported to maintain good health.

Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. People who lived at the home and relatives said they were involved in the care planning process. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Feedback on the quality of food provided was extremely positive from both people who lived at the home and relatives. People were happy with the variety, quality and choice of meals available to them. People's nutritional needs were addressed and monitored.

There was a variety of social activities on offer. The registered manager had established links with various community groups who frequented the home and provided entertainment. Cultural needs were recognised and addressed by the registered manager.

People who lived at the home praised the living standards offered at the home. The home was repeatedly described as a 'home from home.' Premises and equipment were appropriately maintained.

The registered manager had a training and development plan for all staff. We saw evidence staff were provided with relevant training to enable them to carry out their role.

There was an ongoing training programme to ensure all staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) Staff we spoke with were aware of the principles should someone require being deprived of their liberty.

Feedback was routinely sought from people who lived at the home and relatives. There was a commitment from the registered manager to promote people's independence and involve them in the way the home was managed.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. They fed back to the nominated individual any concerns so improvements could be made. The registered manager praised the support offered to them from the nominated individual.

The registered manager had introduced an auditing system at the home but this had not incorporated all aspects of managing the service. We have made a recommendation about this.

People who lived at the home, relatives and staff all provided positive feedback about the registered manager. Staff were positive about ways in which the service was managed. Staff described teamwork as "Good," and said there was regular communication between senior management and staff.

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 who lived at the home told us they felt safe.

Recruitment procedures were in place to ensure people employed were of good character. Processes were in place to protect people from abuse. Staff were aware of what constituted abuse and how to report it.

The registered manager ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Suitable arrangements were in place for the management of all medicines.

Premises and equipment suitably maintained to ensure they were fit for purpose.

Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals, where appropriate.

People's nutritional and health needs were met by the service.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Good ●

Staff were caring.

People who lived at the home, relatives and visitors were positive about the attitude and behaviours of staff who worked at the home.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The registered provider had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

There was a variety of social activities on offer for people who lived at the home.

Is the service well-led?

Good ●

The service was well led.

The registered manager had good working relationships with the staff team and staff commended the manager's skills and abilities.

Regular communication took place between management, staff and people who lived at the home as a means to improve service delivery.

The registered manager was aware of their roles and responsibilities and displayed a commitment to developing and maintaining a high quality service.

The Thorns Retirement 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 took place on 16 February and 21 February 2017. The first day was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority commissioning team, safeguarding team and Lancashire Fire and Rescue as part of our planning process to see if they had any relevant information regarding the registered provider. We received no information of concern.

During the inspection visit we spoke with five people who lived at the home, five relatives and one professional who visited the home. We did this to obtain their views about the quality of the service provided.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six members of staff. This included the registered manager, the nominated individual and four members of staff who provided direct care.

We looked at a variety of records. This included care plan files relating to three people who lived at the home and recruitment files belonging to three staff members. We viewed other documentation which was relevant

to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

People who lived at the home and relatives told us safety was considered at all times. Feedback included, "I feel safe." And "[Relative] is safe here, it takes the stress off me."

We looked at staffing arrangements to ensure people received the support they required in a timely manner. Staffing levels varied according to the needs of people who lived at the home. People and relatives said they had no concerns about the numbers of staff available to meet their needs. Feedback included, "Staff always respond when I call for assistance." And, "I have no concerns about staffing. There is always plenty of staff available. You don't have to go looking for them."

On the days of the inspection visit we saw people's needs were met in a timely manner. We observed people requesting assistance. Staff responded immediately. We noted staff had time to sit and interact with people who lived at the home.

We were made aware from staff and relatives there had been a recent change in staff turnover at the home. We asked people about this and they told us this had not affected the quality of care. They told us they were happy with the staff working at the home. One relative said, "We have seen a few new faces recently, but this hasn't had any bearing on the care provided."

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed records related to three recently employed staff. Records showed full employment checks had been carried out prior to staff commencing work. Two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We noted DBS checks were in place for all new starters. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work.

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. Staff told us they had received training in this area. They were able to describe different forms of abuse and were confident if they reported anything untoward the registered manager would take immediate action.

We looked at identified safeguarding incidents and noted the service took appropriate action when required. The registered manager had introduced a safeguarding incident file so that all safeguarding alerts could be kept together. This allowed them to regularly review all incidents to look for any trends or themes. The registered manager said they hoped to improve staff awareness of reporting safeguarding in the near future by introducing safeguarding champions at the home.

We spoke to staff about whistleblowing. One staff member told us they were confident they would speak up if concerns were not taken seriously. They said, "I would blow the whistle. I wouldn't be afraid to do it." We noted there was a poster on the notice board which instructed staff what to do should they need to whistle blow. This signposted people to external agencies to whom people could discuss any concerns. This showed us the service promoted an open and transparent culture.

We spoke to the registered manager about systems for managing medicines. They told us since they had come into post they had reviewed the processes for administering medicines. They had purchased a new medicines trolley for the storage of all medicines. This was stored out of the way and made secure when not in use. They had introduced a red tabard with 'Do not disturb,' written on it so people were aware that member of staff was administering medicines. The registered manager said the new processes were put in place following a medicines error occurring at the home. They hoped the new systems would reduce the risk of any medicines errors from occurring.

We looked at how medicines were managed within the home. Medicines were stored securely. Storing medicines safely helps prevent the mishandling and misuse of medicines. Tablets were blister packed by the pharmacy ready for administration. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis". We looked at systems for storing and prescribing controlled drugs and carried out a stock check of medicines. We noted the medicines and the controlled drugs register matched up.

We spoke to people who lived at the home about their medicines. People told us they received their medicines when required. One person said, "Staff do my medicines for me. I can ask for tablets when I am in pain."

We observed medicines being administered. We noted good practice guidelines were followed. We observed one member of staff checking the amounts of antibiotics left for one person and audited it against the Medicines administration record sheet. They told us, "I like to double check they have all been given." The staff member took their time administering medicines and said, "If I have been off I like to refresh my memory." This showed us the staff member was diligent in their duties.

Staff told us they were unable to administer medicines unless they were trained. We saw evidence the registered manager carried out competency checks of staff administering medicines to ensure they had the required skills to do the task. On the first day of the inspection, one staff member had come in specifically to carry out their medicines competency check with the registered manager.

We looked at how the service managed risk. We noted risks were addressed within people's care plans. We saw a variety of risk assessments were in place. These included falls risk assessments, risk assessments for administering people's medicines and assessments for supporting people with personal care. Staff were encouraged to review risk assessments on a daily basis and record any relevant information upon the risk assessment after significant events. We saw evidence action was taken when people were placed at risk of harm. For example, people were referred to the falls team following a fall for advice and guidance on how to support them safely.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a record of all accidents and incidents. This allowed them to assess all accidents and incidents to look for emerging patterns. Information related to accidents was reported to the nominated individual during monthly meetings as a means to keep them up to date with what was happening at the home. On the first day of the inspection visit we noted that not all windows were fitted with window restrictors to

meet Health and Safety Executive guidance, "Falls from height in care homes." We fed this back to the registered manager and immediate action was taken to ensure all windows conformed to the guidance.

As part of the inspection process we walked around the home to check the environment was suitable to meet the needs of people who lived at the home. At the previous inspection visit in May 2016, we were made aware the Fire and Rescue Service had issued the home with a fire action plan. They requested action was taken to make improvements at the home. We noted at this inspection all requested actions had been completed. The registered manager told us that since the last inspection they had upgraded the fire alarm system at the home. The new system allowed staff to be more responsive in the event of the fire. Staff had been provided with fire training.

During the walk around the home we found equipment was suitably stored and communal areas were organised and tidy. Relatives we spoke with praised the standards of cleanliness at the home. We checked water temperatures in communal areas and peoples bedrooms. We found water was delivered at a suitable temperature which minimised the risk of scalding. Radiators had covers on them to protect people from direct heat.

Equipment used was appropriately serviced. Fire alarms and equipment had been serviced within the past twelve months. We saw documentation to evidence a gas safety check and electrical portable appliance checks had been carried out.

Is the service effective?

Our findings

People who lived at the home praised the knowledge and skills of the staff who worked at the home. One person said, "The staff know my needs very well."

Relatives praised the effectiveness of the service. Feedback included, "We were concerned before [relative] moved in here that they would not be able to manage [my relative's] [health condition.] They [the service] provided staff with training and they have managed their [health condition] wonderfully. It has calmed down now." And, "The staff are on the ball. They know my [relatives] needs and will get help when they are not well."

People who lived at the home told us they had regular appointments with health professionals to maintain good health. One person said, "They will call my doctor when needed." During the inspection visit, one person was showing signs of being unwell. We noted staff took immediate action and called a doctor out for the person. We saw evidence of general practitioner, dentists, chiropody and optician involvement at the home.

Individual care records showed health care needs were monitored and action taken to ensure optimal health was maintained. A variety of assessments were in place to assess people's nutritional needs, fluid needs, tissue viability and mobility needs. Changes in assessed needs were recorded within a person's care plan. Relatives told us they were consulted when their family member's needs changed.

We asked people who lived at the home about the foods on offer. People we spoke with were extremely happy about the quality and choice of foods available. Feedback included, "The food is very good. We get to have choices." And, "The food is always good. It's all home cooked." Also, "Staff always ask us what we like and don't like." On the first day of the inspection visit we overheard a conversation between a person who lived at the home and a member of staff. We overheard the person thanking the staff for all the food they prepared. They said, "I would like to thank you very much on behalf of everyone here all for the lovely food you cook."

Relatives spoke highly about the quality of the food. It was consistently described as good and of high quality. One relative said, "You can always smell the home cooking when you come in." Another relative told us visitors were routinely invited to eat alongside people who lived at the home. They told us this increased the person's self-esteem as they were able to invite their guests to eat with them. The relative said, "[Relative] feels like they are inviting people to dinner."

We looked at how people's nutritional needs were met by the registered provider. When people were at risk of malnourishment, referrals were made to health professionals for support and guidance. When required, records of all food and fluid were maintained for people who were at risk of malnourishment or dehydration. We looked at records related to a person who was at risk of malnourishment. We saw they were weighed in accordance with the health professional instructions.

We observed a meal being served in the dining room. Tables were decorated with linen tablecloths and napkins. Flowers were in vases on each table. Meals were not rushed and people were offered a different meal if they did not like what was on offer. People were also offered extra helpings if they were hungry. The registered provider considered people's hydration needs and offered drinks throughout the day. A selection of drinks were offered throughout the day.

We looked at staff training. The registered manager told us they had reviewed the home's training policy and had increased the core training required for each member of staff. This was to ensure staff had the required knowledge to enable them to give effective care.

Staff told us core training was provided by eLearning from a social care training provider. We saw evidence of partnership working with other agencies to deliver training. On the second day of the inspection visit we met with an external professional who was responsible for delivering training to staff at the home. They told us they were supporting staff to acquire nationally accredited qualifications. The professional praised the attitude of staff at the home and their motivation to complete the awards.

We spoke with a member of staff who had been recently employed at the home. They told us they undertook an induction period at the start of their employment. This involved completing e-learning mandatory training and shadowing more senior members of staff. They told us they were happy with the induction process.

We spoke with staff about supervision. Staff confirmed they received supervision from the registered manager. Staff said the registered manager was approachable and they were not afraid to discuss any concerns they may have in between supervisions. We looked at supervision records and noted any concerns about staff performance was openly discussed and addressed within supervisions.

The Mental Capacity Act 2005 (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.

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). We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. We noted when people lacked capacity to make decisions documentation was suitably completed to highlight this.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity.

We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLS.) The registered manager had a good understanding of DoLS. We saw applications had been made to deprive people of their liberty when required.

Is the service caring?

Our findings

People were very complimentary about staff. Comments included, "They are kind". And "They're very helpful." Also, "Staff are always there for you." And, "When I was upset [staff member] came up and put their arms around me and gave me a cuddle."

Relatives commended the caring attitude of staff. Feedback included, "I always see lots of positive observations when I visit. No-one is ever left on their own." And, "Staff are remarkable and meticulous. They genuinely care."

We observed positive interactions throughout the inspection between staff and people who lived at the home. Staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. Staff took time to sit with people and engage in conversation. We observed one staff member talking to a person about the music they liked to listen to. This generated a wider discussion between all the people who were sitting together in a communal lounge.

We observed staff routinely complimenting people throughout the day. One staff member commented on how lovely one person looked with their lipstick on. This made the person smile.

We observed staff treating people with patience. One person had recently moved into the home and was a little confused. The person was embarrassed as they did not know all staff names. We observed the staff member reassuring the person and telling them not to worry. They spoke to the person calmly and in a gentle manner.

Staff showed an interest in people who lived at the home. One staff member told us they had overheard one person singing a song to themselves. The staff member took it upon themselves to go and buy the CD version of the song. They said they hoped listening to the song would help the person reminisce about their history.

Staff were encouraged to treat people with dignity and respect people's privacy. We noted discreet reminders were placed around the home reminding staff they were working in someone's home. Staff were able to tell us how they promoted dignity and respect when asked. The registered manager had introduced a dignity champion within the team. They said they hoped this would increase the quality of care provided to people as the champion would offer guidance and support to other members of the staff team.

All the relatives we spoke with commended the service on the hospitality provided. Relatives said they were welcome to visit at any time and could have privacy if people wanted it. When people had visitors we observed visitors spending time with people in their rooms. Two relatives said, "We are always made welcome whenever we visit."

We spoke with the registered manager about promoting independence for people who lived at the home. They told us they had implemented various systems since they had become the registered manager. They

said it was important people were able to be as independent as possible. For example, we were shown a new menu board they had introduced and explained, "People used to continually ask what was for lunch. The board allows them to look for themselves. They don't have to ask staff anymore." One relative we spoke with said their family member thoroughly enjoyed having the board in place and said their family member checked it every day.

The registered manager told us staff were booked onto training in the near future to enable staff to explore and address sexual orientation of people who lived at the home. They said they felt passionate this topic should be proactively managed. They acknowledged, "Times change don't they?" This showed us the service was non-discriminatory and valued people's rights, as set out in the Human Rights Act, 1998.

Is the service responsive?

Our findings

People who lived at The Thorns Retirement Home, relatives and members of staff praised the way in which the home maintained its personal feel. People repeatedly described the living environment as their home. Feedback included, "Staff make you feel at home." And, "It's not like a nursing home. You just walk in and you can always smell food cooking." And, "Its home from home, it's like being at home."

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. People who lived at the home told us there was a variety of activities on offer at the home. One person said, "We had a quiz yesterday morning and a musical person in the afternoon yesterday." On the second day of the inspection visit we observed a keep fit session taking place.

Relatives we spoke with were happy with the activities provided. One relative said, "There is always something going on and we are always invited along too." Another relative said, "The home always has events on throughout the year. They had pimms and strawberries at Wimbledon. At Christmas they have a carol service and entertainment. They do buffets on people's birthdays and invite family and friends in."

Cultural needs were addressed by the registered provider. A number of individuals from nearby places of worship attended the home on a regular basis to meet people's religious needs.

The registered manager said they had started to build up links with the local community as a means to increase activities at the home. They had recently introduced fortnightly art classes at the home with a local artist. We saw pieces of art work on show around the home. People spoke highly about the art classes and their achievements.

The registered manager said they had also introduced Wi-Fi throughout the home. They said they hoped this would help improve communications between families and people who live at the home. They said in future they hoped to teach people who lived at the home to use modern means of communicating electronically with people through Skype and Facetime. They said, "People may be of a certain age but that doesn't mean they can't learn." They said one person at the home loved shopping. They had used the Wi-Fi to enable the person to carry out some internet shopping for clothes. This allowed them to have independence and to choose their own clothes. This showed us the registered manager was innovative and responsive to individual need.

People who lived at the home and relatives said they were extremely happy with the service provided by the staff at The Thorns Retirement Home. Feedback included, "I have no complaints." And, "I have never made any complaints." Also, "I have never had any reason to complain. I can't think of anything they could to do improve."

People who lived at the home were aware of their rights to raise complaints and were aware of who was responsible for dealing with complaints. One person said, "I know if I have any complaints I can go to [registered manager.] They are very nice. If [registered manager] is off I can go to [staff member.]

We spoke to the registered manager about complaints. They confirmed they had a policy but they had not received any formal complaints. The registered manager said they liked to see each person who lived at the home on a daily basis to ensure they were satisfied with the service being provided. This prevented any minor concerns escalating into formal complaints.

One relative told us they had on one occasion raised some concerns with the home informally and they were very happy with the way in which the concern was dealt with. They said staff dealt with the incident efficiently and professionally and said there were no repeat of events. Another relative told us they were routinely involved in the care provided to their family member and said, "I have made recommendations to staff (to improve care) and they have been taken on board and are always dealt with."

We looked at care records belonging to three people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. Care records were person centred and contained detailed information surrounding people's likes, preferences and daily routines. Care plans highlighted key points of people's likes and dislikes. They also addressed what makes people happy and what makes people anxious. Peoples consent was sought throughout the care planning process. For example, people were asked what they liked to be called and the times they liked to go to bed.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, personal hygiene, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence. Professional's and relatives were involved wherever appropriate, in developing the care plan. We saw evidence records were updated when people's needs changed.

Is the service well-led?

Our findings

People who lived at the home consistently praised the way in which the home was run. Feedback included, "This is a good home." And, "I am more than happy with the way the home is managed." And, "This home is known for being a good home."

Relatives praised the effectiveness and responsiveness of the management of the home. Feedback included, "The new manager is fabulous." And, "[Registered manager] is excellent. They are always on the lookout for new ideas and innovations. People are getting a very good service here."

A professional we spoke with told us they had witnessed lots of positive changes since the new registered manager had been in post. They told us the registered manager was proactive and committed to making improvements at the home.

Staff said the home was a good place to work. One staff member said, "I have worked in a lot of places. This is a really nice place to work. It's a nice environment and the staff are nice people." Staff told us that despite a change in management and the introduction of new systems and processes the morale in the home was good. One staff member said, "I enjoy the camaraderie with staff and residents." Staff repeatedly described teamwork at the home as good. Another staff member said, "We all have a positive attitude."

People who lived at the home, relatives and staff praised the positive attributes of the registered manager. They were described as, "Very patient and kind." And, "Approachable." And, "A good manager."

During the course of the inspection visit, two staff said they were concerned about the lack of infrastructure at the home. They explained the home used to have a deputy manager but this was no longer the case. Staff said they were unsure as to who was in charge in the absence of the registered manager. One staff member said, "[Registered Manager] has a lot to deal with on their own." We spoke to the registered manager about this. They told us they were working with the nominated individual to look at options for implementing a deputy manager post within the home.

There was regular communication between staff and managers. Staff had a daily team meeting every morning to discuss the needs of people who lived at the home. This enabled staff to be aware of outstanding actions and any concerns to be aware of upon their shift. We saw evidence formal team meetings had also taken place when required.

People who lived at the home were consulted with on a regular basis. The registered manager held residents meetings for people to express their views on how the service was managed and organised. We saw evidence that discussions held within residents meetings were fed back to staff so changes could be implemented. For example, people who lived at the home had requested music was not played in the dining areas at meal times as people wanted to be able to chat whilst eating meals. We also saw evidence of people being involved in the selection and recruitment of staff. This showed us people's opinions were considered and valued by management at the home.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. Questionnaires were sent out to residents and relatives on a frequent basis. We viewed six returned surveys that had been recently completed by relatives. All feedback provided was of a positive nature with the home being scored as good or excellent in all aspects of care. Comments included, "I would definitely recommend the home." And, "I am pleased with the high standard of care." The registered manager said that as a result of the quality survey feedback they had highlighted the need to increase communication with families. They said they were therefore planning to develop a newsletter for relatives.

The registered manager spoke passionately about their role at the home and their commitment to making continual improvements. They said, "Everyone deserves outstanding care." As part of their planned improvements at the home they said they were planning on developing champions within the home. Champions are staff who take on extra roles and gain extra knowledge in specific knowledge which is then shared within the staff team.

The registered manager said communication with the nominated individual was good. They said they had monthly meetings with them to discuss any concerns. The registered manager praised the support offered to them by the nominated individual.

The registered manager had a range of quality assurance systems in place. These included audits of medicines, infection control and medicines audits. The registered manager said they discussed findings from audits with the registered provider in their monthly senior management meeting. Although audits were in place, we saw no evidence of formal care plan audits taking place. We discussed this with the registered manager who agreed to put them in place. We recommend the registered manager consults with good practice guidelines and implements a comprehensive auditing system within the home.

The registered manager was aware of their responsibilities for reporting incidents to the CQC. We noted when incidents had occurred notifications were submitted in a timely manner.