

# Elder Homes Cotgrave Limited

## Eton Park Care Centre

### 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 

### Overall summary

We carried out an unannounced inspection of the service on 28 May 2015. Eton Park Care Centre provides accommodation for persons who require nursing or personal care, diagnostic and screening procedures and the treatment of disease, disorder or injury for up to 76 people. On the day of our inspection 33 people were using the service and there was a registered manager in place.

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.

At previous inspections on 11 and 12 September and 14 and 15 October 2014 we asked the provider to take action to make improvements to the areas of care and welfare of people who use services, safeguarding people who use services from abuse, requirements relating to workers and assessing and monitoring the quality of service

# Summary of findings

provision. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made.

The risk to people experiencing abuse at the home was reduced because staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. Accidents and incidents were thoroughly investigated. Risks to people's safety were assessed and guidance was provided for staff to support people safely. Personal emergency evacuation plans were in place to evacuate people safely from the home; however the registered manager's evacuation list required updating. People's freedom was encouraged by staff and there enough staff to meet people's needs. Recruitment files contained the appropriate documentation to ensure people were supported safely by appropriate staff. People's medicines were stored, managed and handled safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People were supported by staff who had received the appropriate training to support people effectively. People spoke positively about the food they received. However we did see one person who was given a food item they did not like and no alternative was offered. When people were at risk of dehydration or malnutrition their food

intake was monitored. People had regular access to their GP and other health care professionals. Parts of the home had not been adapted to support people living with dementia. There was limited signage to help people orientate themselves around the home.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff listened to people and responded to people's discomfort or distress in a timely manner. People were supported to access an independent advocate if they wanted to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed although some bedrooms did not have a working lock which could impact on the privacy of some people.

People's care was planned and provided in the way they wanted it to be. People and their relatives were able to contribute to decisions about the care provided. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were supported to in the activities and hobbies that interested them and people who had required the use of wheelchair to take part in activities were now accommodated. A complaints procedure was in place, although where this was positioned in the home may make it difficult for people to access. However the people we spoke with knew how to make a complaint and felt they would be acted on.

The risks to people were continually reviewed by the registered manager and plans to reduce these risks were in place. Staff understood these risks and how they could contribute to reducing them. There was a positive, friendly atmosphere at the home. There were good links with the local community. Staff told us they enjoyed working at the home and people spoke positively about living there. People, their relatives and staff spoke highly of the registered manager.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Accidents and incidents were thoroughly investigated. Risks to people's safety were assessed and personal emergency evacuation plans were in place, although the manager's copy of this required updating.

People's safety was maintained as they were supported by an appropriate number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Good



### Is the service effective?

The service was effective.

People spoke highly of the food although an alternative was not always offered when a person did not like their food.

Staff applied the principles of the MCA and DoLS appropriately when providing care for people.

People were supported by staff who had received the appropriate training to support people effectively and they had access to external healthcare professionals when needed.

Parts of the home had not been adapted to support people living with dementia.

Good



### Is the service caring?

The service was caring.

People were supported by staff in a kind and caring way that maintained their dignity.

People were supported to access an independent advocate if they wanted to and there were no restrictions on friends and relatives visiting their family members.

People could have privacy when needed although some bedrooms did not have a working lock.

Good



### Is the service responsive?

The service was responsive.

People were involved with decisions about their care and staff responded to people's feedback.

Regular monitoring of people's assessed needs was conducted.

People were supported to take part in the activities and hobbies that interested them.

A complaints procedure was in place, although where this was positioned in the home may make it difficult for people to access.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People, relatives and staff were actively involved with developing the service.

People were supported by a registered manager and staff who had a clear understanding of the risks they faced. The registered manager had ensured that the CQC had been informed of all notifiable incidents.

There was a positive, friendly atmosphere at the home and there were good links with the local community.

There were robust auditing processes in place to address the risks at the service.

Good



# Eton Park Care Centre

## 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 28 May 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist nursing advisor who assessed people's nursing needs and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is

information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

We spoke with nine people who used the service, two relatives, a nurse, three members of the care staff, the housekeeper, the cook, the registered manager, compliance manager and operations manager.

We looked at all or parts of the care records of and other relevant records of seven people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

During our previous inspection on 11 and 12 September and 14 and 15 October 2014 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulations 2010) – Safeguarding people who use services from abuse. We raised concerns that staff did not always support people in a way that maintained their safety and placed them at risk of abuse when they presented behaviours that challenge. Staff did not always follow the guidance as recorded within people's care plans and some of the staff we spoke with were unsure of the most appropriate way to support people safely. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. Our observations throughout the inspection showed staff had a good understanding of how to support people safely and to reduce the risk of abuse. Although we did not see people present any behaviours that may challenge others around them, we could see that staff supported people in a safe way. The staff spoke confidently when they explained how they supported people safely.

People were supported with information about who they could report concerns to if they believed that they or others had been the victim of abuse. A safeguarding policy was in place for staff to adhere to and to implement into their role. The staff we spoke with told us that people were safe and they had received safeguarding adults training. They were able to tell us how they would respond to allegations or incidents of abuse and who they would report these concerns to, both internally and to external agencies such as the CQC or the Local Authority. Recommendations from safeguarding investigations were acted upon by the home. We saw that additional observations had been recommended following an incident that had occurred and documentation showed that these were taking place.

We asked people whether they felt safe at the service. All of the people we spoke with said they did. One person said, "Yes I do feel safe here." Another said, "Yes I am definitely safe, I leave my door open because I don't like it closed in, the staff are very nice, they do anything for you, and they are all very nice."

During our previous inspection we identified a breach of Regulation 10 of the Health and Social Care Act 2008

(Regulations 2010) – Assessing and monitoring the quality of service provision. We identified concerns that when accidents and incidents occurred instructions for staff to support people to maintain their safety were not always provided in sufficient detail. Additionally, although the data from these incidents was recorded, the manager did not use this information to reduce the risk to people's safety. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. The registered manager showed us that when an accident or incident had occurred these were reviewed; they made clear recommendations for staff to follow and they then checked to see whether the staff had carried out the recommendations. The registered manager told us they were now confident that the risk to people's safety had now been reduced.

In each of the care plans that we looked at we saw risk assessments were in place, they were reviewed regularly and there was clear guidance for staff that enabled them to manage risks to people's safety without restricting their freedom. One person was identified as at risk of falls and guidance was in place for staff to manage this risk. Records showed that people were being checked regularly at night where appropriate to maintain their safety. Staff told us that care records gave them guidance on how to keep people safe without restricting them.

Each person had a personal emergency evacuation plan in place that enabled staff to be able to support people to leave the premises safely and quickly in the event of an emergency. However the registered manager's evacuation list was not up to date with the correct room numbers for all the people using the service and people's names were not on all bedrooms which could lead to delay in the event of fire. We raised this with the registered manager. They told us a small number of people had recently moved bedrooms and they had not yet changed the evacuation plan for the service to reflect these changes. They also told us they would ensure that all bedrooms had people's names on to reduce the risk to people's safety if a speedy evacuation was required.

We spoke with the maintenance person who showed us how they ensured that people were supported in an environment that was safe. We saw rooms were clearly identified where flammable substances were stored. Staff

## Is the service safe?

told us that equipment was well maintained and suitable for its purpose. We checked to see how the mattress used to support a person who was at risk of developing pressure sores was maintained. We saw this was checked hourly to ensure the mattress remained at the appropriate pressure to reduce the risk to the person's health.

Regular checks of the equipment used and the premises were carried out. These included checks of fire alarms and smoke detectors. External contractors were used to service equipment such as the lifts and gas appliances to ensure they were safe. We did note that the water temperature in some people's bedrooms and en-suite bathrooms appeared to be too hot. We raised this with the registered manager and they told us an external contractor was used to review the temperature of the water within the premises. They told us they had recently decided to change this process and to carry out these checks internally.

During our previous inspection we identified a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulations 2010) – Requirements relating to workers. We raised concerns that some staff recruitment files did not contain the appropriate number of references, reasons for people leaving their previous employment were not explored and an application form for one person was missing. We also spoke with a member of staff who could not explain their role as they were unable to communicate fully in English. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. We looked at the recruitment files for three members of staff. All of the files had the appropriate number of references, applications and reviews of reasons

why they had left their previous employment. We also saw appropriate identification documents and criminal record checks had been recorded before staff commenced working at the service. The staff member's English had also improved and the registered manager told us that the staff member had been on an English course to aid their communication skills and to assist them in providing safe care for people. This meant thorough recruitment procedures were now in place which reduced the risk of people receiving support from inappropriate staff.

People told us they thought there were enough staff to support them safely. One person told us, "If you don't feel well, they're here straight away." The registered manager told us they carried out a monthly assessment of the needs of the people within the home to ensure that there were sufficient staff with the right experience to support people. They told us if they needed extra staff then staff were willing to cover extra shifts. The staff we spoke with told us that they had enough staff on duty to meet people's needs safely. We looked at the staff rotas and the number of staff recorded matched the number of staff working at the time of the inspection.

We observed that people received their medicines safely. Staff were patient and waited for people to take medicines at their own speed. Medicines were stored safely and administration charts were fully completed. Staff told us that they were trained and had their competency assessed before they were able to administer medicines. Staff were able to explain what they would do in the event of a medicines error. Guidance was in place for staff on when to administer 'as required' medicines. We saw that documentation was fully completed to show that staff applied creams to people as prescribed.



# Is the service effective?

## Our findings

During our previous inspection on 11 and 12 September and 14 and 15 October 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulations 2010) – Assessing and monitoring the quality of service provision. Staff performance was not regularly assessed and a person working in a supervisory role had not completed all required training. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw that improvements had been made. The registered manager told us and records showed that staff now received regular assessment of their work. The staff we spoke with confirmed this. The staff also told us they felt supported by the registered manager to carry out their role effectively.

We checked the training records of the member of staff who had not completed the required training for their role. Records showed that this training had now been completed. The staff we spoke with told us they felt the training they received enabled them to carry out their effectively and to meet people's needs.

People were supported by staff who understood their needs and had the required skills to meet these needs. One person who used the service told us, "Compared to the other nursing homes they [staff] are very well trained." We observed staff interact with people effectively throughout the inspection. They showed a good understanding of people's preferences and choices and ensured wherever possible they accommodated people's wishes.

Where people lacked the mental capacity to consent to care and treatment, staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw assessments of capacity and best interests' documentation were in place where required. The staff we spoke with could explain the principles of the MCA.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. We

saw where DoLS were in place the staff adhered to the requirements of the DoLS and applications for other people were in place. This meant the risk of people being unlawfully restricted was reduced.

People's wishes to not have lifesaving treatment if it were to have a detrimental effect on their on-going health were recorded on their care plans. The appropriate documentation was fully completed.

People spoke positively about the food provided at the service. One person said, "You only have to ask if you haven't got anything and they [staff] see to you straight away, they're usually very good." Another person said, "The food is very good, there is usually a menu on the table and you can choose what you want."

We observed the breakfast and lunchtime meals and saw people were being supported effectively to eat their meals. The staff were patient, encouraging and offered people drinks. We observed most of the staff prompt people to eat by describing the food as they put it in front of the person to eat. Where needed, people were supplied with specialised equipment to assist them to eat independently of staff support.

Picture menus were in place to support people to make informed choices about what they wanted to eat and drink. We saw people consulting the menus and staff used the menus to explain the choices available to people. However we did see one person have an item of food placed on their plate, which, in their care plan, stated they did not like. This person did not eat their meal and we did not see an alternative offered.

Staff knew which people were at nutritional risk and the risks were assessed and acted upon. Where needed, people were weighed regularly in order to monitor any significant weight gain or loss. However, the guidance provided for staff on how to support people effectively who were overweight was limited.

People with specific cultural requirements were supported with accessing food that met these needs. One person had stated they did not wish to eat beef and this was reflected in their care plan.

People who were at risk of dehydration were supported to consume sufficient amounts of fluids. People who were



## Is the service effective?

nursed in bed received regular support with drinking. Their intake was monitored on fluid charts which enabled staff to assess whether they were drinking enough fluid to reduce the risk of dehydration.

People's care records showed that other health and social care professionals were involved in their care as appropriate. We saw an example where a person's GP had visited and made recommendations to the staff in order for them to provide effective support for them. These recommendations had been implemented. We saw the person was regularly monitored and any changes to their health were acted on quickly.

We saw other examples of where people's health was regularly monitored. We looked at the care records for a person at risk of skin damage. We saw that their care records noted that their position should be changed every two hours when sitting in a chair and every three hours when in bed. The records were fully completed to reflect this which showed the person received care in line with their care plan.

We saw that limited adaptations had been made to the design of the home to support people with dementia. There was orientation information clearly displayed showing the day, date and weather outside. However, not all toilets and communal rooms were identified by signs and symbols to enable people to identify where certain facilities were. There was limited directional signage to aid people to orientate themselves or move around the home independently. Bedrooms did not have people's names or pictures on them which could make it difficult for people living with the dementia to identify their bedrooms. Some of the lighting in some of the communal areas and bedrooms was dull.

People had access to the outside areas. Ramps were in place to support people who required wheelchair access. There was space for people who wished to sit with others in communal lounges, dining rooms and a conservatory. There were also rooms that enabled people to sit alone if they wished to. If people wanted to be alone in their bedroom they were able to, although we did see two bedrooms that did not have a working lock which could mean the person could be interrupted.

# Is the service caring?

## Our findings

People told us they felt the staff were kind and caring. One person told us, “The staff are very, very caring. I have never come across one member of staff who is not.” Another said, “There are some young staff members, but they are pleasant and kind so they are my friends, very good friends.”

We observed staff interact in a kind and caring way with people throughout the inspection. We saw staff support people with dementia patiently and respectfully. People told us that when they needed staff support they attended to their needs promptly. One person told us, “You don’t have to wait very long for the staff to come if you need any help.” We saw staff provide people with support and reassurance and they clearly knew the people they cared for well.

Staff supported people in a friendly and unhurried manner. We observed a member of staff support a person who wanted to go into the garden. The member of staff was patient, kind and caring and walked at the pace of the person they were supporting. When the person stopped to interact with items throughout the home the staff member was fully engaged and supportive and talked to the person about what they were looking at. We also observed the staff member singing and playing the tambourine with the person.

People’s cultural needs were met by staff. We saw music had been provided for a person that reflected his spiritual and cultural background. People told us they felt the staff listened to them and respected their choices. The majority of people we spoke with told us they felt involved with decisions relating to their care. One person told us, “The [staff] always ask [what I want]. If I need any help I ask the carers, we get together and help each other, you get to know one another and they help you; it’s quite nice.” Another person told us about a specific decision they had made about their personal care and the staff had listened and made the changes they wanted.

People’s religious needs were respected by the staff and people were supported to attend religious services if they wished to. A person we spoke with told us, “They [staff] don’t stop you from doing anything; I’m the only one that goes to church; they don’t discourage me from going.”

We observed staff communicate clearly with people and offered them time to make choices. We saw relatives were also involved with decisions about their family member’s care. Staff could explain how they supported people to be independent and make choices. A person we spoke with told us, “If there’s something I want to do, I ask the staff and they talk through it with me, they are usually very helpful that way, they don’t very often refuse anything.”

People were involved with the planning of their care. In each of the care plans that we looked at we saw decisions had been discussed with people or where appropriate with people’s relatives. One person we spoke with told us their daughter was also involved and staff accommodated any requests they made about the care the person received.

The registered manager ensured that if required, people were supported by an independent advocate to make major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information was available in the home for people to access this support if they wished to do so independently of the staff.

People told us they were treated with dignity and respect by staff. When any reference was made to people’s personal care, this was done discreetly. We saw staff knock and wait before entering people’s bedrooms. Staff were able to explain how they maintained people’s privacy and dignity at all times and how they took particular care when providing personal care. However, we saw that not all bedrooms had locks on them which meant that there was a risk that people could not have privacy when they wanted it. This was raised with the registered manager who told us they would review the locks on all doors to make sure they were in place and in working order.

Dignity information was displayed on the noticeboard in the main corridor to raise staff and people’s awareness of this issue. A dignity champion was also in place. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

People were supported to be as independent as they could be around the home. We observed staff support people if they required assistance, but ensured they did not restrict people’s independence. A person who used the service told us, “I get myself dressed in the morning then I come down for breakfast not everyone can do that.”

## Is the service caring?

There were no restrictions in place for people's relatives and friends to visit the home. We saw people's friends and family visit the home throughout the inspection.

# Is the service responsive?

## Our findings

During our previous inspections on 11 and 12 September and 14 and 15 October 2014 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulations 2010) – Care and welfare of people who use services. We identified that people's care plans were not regularly reviewed and did not always reflect people's current level of need. We also raised concerns that there were limited activities provided for people, records did not reflect what activities people had taken part in and one person was unable to access some activities as the transport used could only accommodate one wheelchair. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements.

During this inspection we saw improvements had been made. The care planning process had been changed since our last inspection and all care plans had been re-written. Care plans were now reviewed regularly and reflected people's current level of need. Information regularly reviewed within the care plans included information on how to identify whether a person's health was deteriorating as a result of their epilepsy and how to support a person with one to one care. The care plans now had sufficient information that enabled staff to respond to people's needs appropriately.

We saw the activities that were offered for people had improved since our last inspection. We asked people about the activities at the home and whether they could do the things that were important to them. One person said, "I like sitting in my room and knitting, I can ring my sister, sometimes I go in the office or telephone from the desk where you come in the reception." Another person said, "[The activities coordinator] comes down four times per week, she has interesting things for you to do, sometimes they have some dancers." Another person said, "If you want them [activities] they are there for you, but my hobby is politics so everything I like is on TV."

There had been an increase in organised activities and we observed staff encourage people to take part in activities throughout the inspection. Documentation within each of the care plans that we looked now showed what activities people had been offered and taken part in. The staff we spoke with could explain how they supported people to follow their preferred hobbies and interests. A relative of

person who was living with dementia told us, "[Family member] likes taking part in musical activities; the staff will encourage them to join in with singing and dancing activities."

We saw a 'You said, we did' process had now been set up which showed what activities people had requested and what the staff had done to respond to that request. This was then posted on a notice board for people to see. We saw people had requested more day trips out and these had been provided.

The registered manager told us that they had ensured the transport used for trips out of the home had now been improved which enabled more people who required wheelchair access to attend if they wished to. This reduced the risk of people feeling excluded from activities. People were encouraged by staff to join in with group activities to avoid becoming socially isolated. We observed staff suggest people take part in activities but respected people's views if they did not wish to join in and preferred to be alone.

We discussed the preferences of people who used the service with the staff. They had a good knowledge of people's likes and dislikes. People's care records were detailed and included their personal history and individual preferences and interests. We saw that people's preferences had been incorporated into their care plans. People's diverse needs were identified. The cook could tell us there were people that had allergies or needed to avoid certain foods due to their religious beliefs. We saw that they received food which met those needs.

Staff responded to people's changing needs and plans were put in place to ensure their needs were met. People who were unable to reposition themselves and were at risk of developing pressure ulcers had regular monitoring processes in place. People's records showed they were being repositioned in line with their care plan. This meant staff had responded to people's needs and reduced the risk to their health.

All of the people we spoke with told us they felt able to raise concerns or complaints if they wished to. They told us they would speak with the staff or with the manager directly. We saw there was a complaints procedure in the reception area of the service, however where it was positioned would mean it was unlikely that people would have access to it. The people we spoke with told us they

## Is the service responsive?

were not aware of the formal complaints process. We raised this with the registered manager, who told us they would ensure that the formal complaints process was made more accessible for people.

We saw the registered manager responded to complaints in a timely manner. We looked at the register of complaints

received by the registered manager. We saw these had been responded to in a timely manner. Staff knew how to respond to a complaint. One staff member said, "I would refer to the person in charge if I couldn't resolve it myself."

# Is the service well-led?

## Our findings

During our previous inspections on 11 and 12 September and 14 and 15 October 2014 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulations 2010) – Assessing and monitoring the quality of service provision. The manager had not always ensured that people were protected against the risks of unsafe or inappropriate care and they did not regularly assess and monitor the quality of the service provided. Additionally the manager in charge at the time of the inspection was unaware of many of the issues we had raised about the service and could not explain how they intended to improve the quality of the service people received. An action plan was forwarded to us by the provider which explained how they planned to make the required improvements. During this inspection we saw improvements had been made.

A new registered manager has been appointed to manage the service. Since they started their new post we were able to see significant improvement in the quality of the service people received and the management of risk faced by people and the service as a whole. We were shown a number of audits which the registered manager had put in place that enabled them to regularly assess the risks to the service. These included daily, weekly and monthly audits which looked at areas such as the quality of the care planning documentation, reviews of incidents and accidents, risks to the environment and staff training and recruitment. When action was needed this delegated to a member of staff and then reviewed by the registered manager to ensure that it had been completed. The registered manager told us they were confident that the risk to people's safety and the quality of the service people received was now closely monitored and where improvements were needed they were implemented.

People were actively involved with the development of the service. People attended regular meetings about the service and relative and staff meetings were also in place. People felt able to contribute to them and their opinions were welcomed. One person told us, "I think the manager listens. I said to him I like toast with cheese on it, so I told him, why don't you buy a sandwich maker and he went out and bought one."

Relatives told us they had been asked to complete surveys about their views of the service. One person said, "I have

completed loads of surveys; if I ask for anything for [family member] it will be talked about and considered." Another said, "I have completed surveys before and sent to head office, my views have definitely been listened to." A notice was on the noticeboard in the main corridor of the building which described what had been done in response to people's feedback.

Staff told us and records showed that people were involved in a forum discussing food provided in the home. The cook told us that people were involved in putting together the new summer menu for the home.

The registered manager told us they were improving the links they had with the local community. Relationships with the local school have been put in place for the children to attend the home to take part in sing-a-long sessions and there were also plans for a Christmas carol service. There were links with the local church and a summer fete will be held at the service to encourage people from the local community to attend and meet people. The registered manager told us they also plan to support people to attend a 'Memory Café', set up by the local Alzheimer's Society to enable people to meet with people outside of the service and also gain further information about the support they can get when living with dementia.

The whistleblowing policy that was in place contained the relevant information to enable staff to report any concerns that they may have to external agencies such as the CQC. Staff told us they would be happy raising concerns under the whistleblowing policy.

The atmosphere within the home and the morale of the staff had improved since the last inspection. Staff received regular feedback on the quality of the work and were given constructive feedback on how they could improve.

A staff member said, "We do our jobs here with feeling, we really care. Staff are really bonded which includes the manager. You feel part of a family." A person who used the service told us, "I find it very nice here. I am happy. If I want anything they [staff] get things for me. There's no one here I can say I don't like, they [staff] are all very hard working which is nice."

The service's aims and values were posted on the main noticeboard of the building. They described to people the level of service they should expect to receive from the staff.

## Is the service well-led?

It stated that people should expect to be treated with dignity and respect at all times. An information booklet was also provided for people which contained this information and other relevant information about the home.

The registered manager told us they had an open door policy and encouraged people, relatives and staff to meet with them to discuss any concerns that they may have. We saw the registered manager had set aside time each week for people to have a formal discussion with them if they wanted to. We also saw the registered manager interact confidently with people and staff and people appeared at ease when talking with them.

People, staff and relatives all spoke highly of the registered manager. A person told us the registered manager was approachable, easy to talk to. A relative told us they had requested a change of room for their family member and this was put in place for them. A member of staff said, "He is always on the floor and available." Another said, "He is a good leader. He takes time to explain things to you in a calm manner."

People were supported and staff were managed by a registered manager who understood their responsibilities. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate.

All staff had a clear understanding of what was required of them and understood the risks to the service. The registered manager had introduced a daily meeting with the heads of each department, these included; the housekeeper, nurse in charge, cook and care staff supervisor. We observed this meeting and saw the registered manager discuss the risks in each person's department and what needed to be done to reduce that risk. The registered manager ensured that any actions from the previous meeting were followed up and that the staff had understood what was expected of them for that day. A system called 'resident of the day' had also been set up which meant that the heads of each department would meet with that person to discuss any concerns they had. This enabled people to have access to staff from all parts of the home and any concerns identified would be addressed, whilst continually driving improvement at the home.