HC-One Limited

Silverwood (Nottingham)

Inspection report

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16 March 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 16 March 2017 and was unannounced.

Accommodation for up to 80 people is provided in the service. The service is designed to meet the needs of older people living with or without dementia. There were 66 people using the service at the time of our inspection.

At our last inspection on 29 and 30 March 2016, we asked the provider to take action to make improvements in the areas of person-centered care and staffing. We received an action plan setting out when the provider would be compliant with the regulations.

At this inspection we found that improvements had been made and the provider was now compliant with the regulations.

A registered manager was in post and 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 did not always receive medicines administered at the right times. Medicines were not always safely managed and records were not always completed accurately. The registered manager assured us that further action would be taken to address the issues that were found.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted. Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe infection control practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Staff were kind and knew people well. People and their relatives were involved in decisions about their care. Advocacy information was made available to people. People received care that respected their privacy and promoted their independence. An incident which affected a person's dignity was observed but immediate action was taken by the registered manager to address the issue.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved. Complaints

were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that appropriate action would be taken. The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always safely managed.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse. Risks were managed so that people were protected from avoidable harm and not unnecessarily restricted.

Sufficient staff were on duty to meet people's needs and staff were recruited through safe recruitment practices. Safe infection control practices were followed.

Is the service effective?

Good

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Staff were kind and knew people well.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People received care that respected their privacy and promoted their independence. One incident which affected a person's dignity was observed but immediate action was taken by the registered manager to address the issue.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs, though activities could be further improved.

Complaints were handled appropriately. A complaints process was in place and staff knew how to respond to complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising concerns with the management team and that appropriate action would be taken.

The provider was meeting their regulatory responsibilities. There were effective systems in place to monitor and improve the quality of the service provided.

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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 14 and 16 March 2017 and was unannounced.

The inspection team consisted of an inspector, an inspection manager, a specialist nursing advisor with experience of dementia care and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, 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 the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with 12 people who used the service, seven visiting relatives or friends, a visiting healthcare professional, a kitchen staff member, the cook, a domestic staff member, a laundry staff member, the maintenance person, an activities coordinator, four care staff, three senior care staff members, a nurse, a representative of the provider and the registered manager. We looked at the relevant parts of the care records of six people who used the service, three staff files and other records relating to the management of the home.

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.

Requires Improvement

Is the service safe?

Our findings

At our previous inspections in April 2015 and March 2016 we found that sufficient staff were not on duty to meet people's needs. The provider was found to be not compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation.

At this inspection we found that improvements had been made and this regulation had been complied with.

We received mixed feedback on the availability of staff to give assistance, with some people not unduly concerned about waiting times or visibility of staff, whilst others had noticed staff shortages. A person said, "There seems to be someone [staff] round a lot." Another person said, "I'd say there's usually [staff] there if we need them. But I can hear people sometimes calling out along the corridor [in bedrooms] for the toilet in the morning. So people wait when they're busy." A third person said, "It all depends if they [staff] all come into work. It can be very busy for them."

Visitors told us that they had noticed staff shortages due to staff sickness and that there was a lack of supervision of people at times. A visitor said, "I've mixed views as sometimes there seems enough, sometimes not. No particular time of day either." Another visitor said, "I think they are bit short of staff."

Domestic, maintenance, laundry and kitchen staff all felt that they had sufficient time to complete their work effectively. Most care staff also felt that staffing levels were sufficient to meet people's needs safely. During the inspection we observed staff promptly attending to people's needs and call bells were responded to within a reasonable time.

Systems were in place to identify the levels of staff required to meet people's needs safely. The registered manager explained that people's dependencies were noted when setting staffing levels and they monitored them closely to ensure that staffing levels remained at the correct level. A staffing tool was also completed which stated that appropriate staff were on duty to meet people's needs safely.

People told us that their medication was administered correctly and they were usually supervised. A person said, "I know they've got to wait with us [to make sure the medicine was taken]." A visitor said, "I've no concerns over [my family member] getting the right medication." However, two people told us that medicines were left with them to take.

We observed the administration of medicine; staff checked against the medicines administration record (MAR) for each person and mostly stayed with the person until they had taken their medicines. However, we saw that one person had their medicines left with them in their room to take. We raised this with the registered manager who told us that they would remind staff that they had to wait and check that people had taken their medicines.

We also observed that one person did not receive timely pain relief. They did not receive their morning pain

relief until 11.48am. They had previously received pain relief the evening before and we saw them complaining of pain before they received their medicines. We raised this issue with the registered manager who immediately took action and discussed the issue with the staff member involved.

We saw a person had been refusing all their medicines consistently for over three weeks and raised this with the member of staff administering the medicines and found it had not been referred to the GP recently, but staff contacted the GP that day to inform them. The staff member told us the person had only recently started to refuse their medicines and that they had been on leave. However, no one else had picked this issue and raised it with the GP in the staff member's absence. When we discussed this with the registered manager, they told us the person had previously been reviewed by the GP about refusing their medicines and the GP was reluctant to instruct staff to administer the medicines covertly and had asked staff to continue to try to administer the medicines. However, over three weeks of consistent refusal should have led to another referral to the GP.

MARs contained a photograph of the person to aid identification, a record of any allergies and people's preferences for taking their medicines. When medicines were prescribed to be given only when required protocols were in place to provide staff with guidance on when to administer the medicines. We found gaps in the MAR for five people whose MARs we reviewed on the nursing unit. We checked the number of tablets remaining for two people and found one had probably been given but not signed as given as the tablet was missing and the other had not been given. We asked a nurse to check the medicines for two other people who had gaps in the MAR and they told us the medicines had not been given and had probably been refused, however, due to the lack of signatures or a code to indicate refusal, we could not be sure they had been offered. This meant we could not be sure people were receiving their medicines as prescribed. We raised this with the registered manager who agreed to take action to ensure these records were fully completed and took action to address the issues with staff.

Processes were in place for the regular ordering and supply of medicines. We did not find any evidence of gaps in the administration due to lack of availability, however, staff told us there had been recent changes in the GPs for a large number of people and this had caused issues with the repeat prescribing of some medicines and problems with the timeliness of supply. The service were addressing this with the GP practices and the pharmacy, as there had been occasions in the past when a medicine was not available for up to three days after the start of the new cycle.

Medicines were stored securely in locked trolleys, cupboards and a refrigerator within a locked room. However, temperature checks were not always recorded daily of the room and the refrigerator used to store medicines on the nursing side of the home. These checks were taking place on the residential side of the home. We also saw that not all liquid medicines had been dated when opened to ensure they were only used within the time period when they remained effective. This meant that there was a greater risk that people would receive ineffective or incorrect medicines.

People told us that they felt the home was safe. A person said, "It's got a safe feel. They look after us well." A visitor said, "I can go home at night and know that [my family member] is safe and well looked after."

Staff were aware of safeguarding procedures and the signs of abuse. A safeguarding policy was in place and staff had attended safeguarding adults training. Appropriate safeguarding records were kept by staff of any safeguarding referrals they made and appropriate action had been taken to reduce further risks.

People told us that they were not unnecessarily restricted. A person said, "If we want to do anything we can." Another person said, "I have to go upstairs for my shower but down here [ground floor] I can go where I like. I

go out with my friend for outings sometimes and we sign out."

People told us that staff supported them to move safely. A person said, "It feels safe as they're careful with you, the [staff] are." Another person said, "I am gently moved and taken to the bath in a wheelchair. The [staff] are good." We observed people being assisted to move safely and staff used moving and handling equipment competently. Staff told us they had sufficient equipment to meet people's needs and if they required any additional equipment they could raise this with the management team and it would be provided.

Risk assessments to identify risks to people's health and safety had been completed and were reviewed monthly. These included risks to people's nutrition, choking, falls and risk of developing a pressure ulcer. When risks had been identified, measures to reduce the risks had been identified and were in place. For example, we saw a person was at high risk of developing pressure ulcers and they were provided with an alternating pressure mattress and they were assisted to move their position regularly.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans and the involvement of external professionals. Accidents and incidents were analysed to identify any trends or themes so that actions could be taken to reduce any risks of them happening again. This included referring to external professionals for guidance.

We saw that the premises were well maintained and checks of the equipment and premises were taking place. We saw that action was taken promptly when issues were identified from premises and equipment checks. There were plans in place for emergency situations such as an outbreak of fire and personal emergency evacuation plans (PEEP) were in place for all people using the service. This meant that staff would have sufficient guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place and available for staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

Safe recruitment and selection processes were followed. A recently recruited member of staff said the service had contacted their two references prior to them starting work at the service. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

A person said, "They [the staff] all work together. It's a clean place. If you send things to the laundry, they all come back." Another person said, "I make a lot of mess. Staff keep it tidy. The cleaner wipes everything and vacuums the carpet. The linen is changed." A third person said, "The place is kept very nice and the room cleaner is meticulous. My bed gets changed regularly." A visitor said, "Oh yes. The place is kept very clean." We observed that the environment was generally clean and staff followed safe infection control practices at all times.

Good

Is the service effective?

Our findings

People felt staff were capable in their role. A person said, "The staff are skilful and properly trained." Another person said, "They know what they're doing." A visitor said, "I'd say they're well trained, I see them using equipment well." We observed that staff competently supported people throughout the inspection.

Staff felt supported by management. A staff member who had been newly recruited said, "Every member of staff has been welcoming and care here is very person centred." Staff also told us they had access to training to enable them to keep themselves up to date and they felt they had the knowledge and skills required for their role. Training records showed that staff attended training which included equality and diversity training. They told us they received regular supervision and appraisal and records we saw confirmed this. This meant that staff were supported to maintain and improve their skills in order to effectively meet people's needs.

People we spoke with told us that staff usually asked for consent first. A person said, "Staff ask my permission before washing and dressing me." Another person said, "They ask me if it's okay to do something." A visitor said, "They will explain to [my family member] first." We saw that staff asked permission before assisting people and gave them choices. Where people expressed a preference, such as sitting in a particular part of the lounge, staff respected them.

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 DoLS. We checked whether the service was working within the principles of the MCA.

Care records contained a consent form for the use of photographs and consent to share personal information with other professionals necessary for the person's care. Mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. When people were being restricted, DoLS applications had been made which meant the correct procedure had been followed. Staff had an appropriate awareness of MCA and DoLS.

Care records contained guidance for staff on how to effectively support people with behaviours that might challenge others. Staff were able to explain how they supported people with periods of high anxiety. We observed staff effectively support a person with behaviours that might challenge others by interacting with them in a calm manner which had a positive effect on the person. There was meaningful interaction by the staff member, who knelt at the person's level to make eye contact and was asking him about his lunch (staff member was aware the person ate very little). They then made conversation about what bad habits they

used to have when they were young, then discussing about cleaning cars. The person appeared relaxed and sat listening to the staff member, occasionally replying to questions.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. We saw that two DNACPR forms had not been fully completed and the registered manager told us they would ensure that the forms were reviewed. Other DNACPR forms had been fully completed.

Feedback on quality of the food was generally positive and people told us they had choices and their nutritional needs were met. A person said, "Food not too bad at all. Get a choice. Get filled up. Get snacks and they go with the tea. Can get drinks anytime." Another person said, "Choices exist for breakfast, lunch and teatime for food. Give food 10 out of 10. Excellent food. I can have crisps and fruits for snacks." People with diverse needs regarding their food choices told us that these were met by staff. A person said, I'm a vegetarian and I can choose from quite a lot of things, so it's up to me. I'm well catered for."

We observed the lunchtime meal in the dining rooms and other parts of the home. Tables were well laid with background music playing. Food looked appetising and portion sizes were good. Staff provided support for people where appropriate.

People told us that they had sufficient to drink. A person said, "Whenever you want a drink you can have one. There are drinks in the bedroom." Another person said, "I've got a jug of water in my room and we get the tea trolley coming round quite a few times."

We saw that people were offered drinks throughout the inspection and fluid charts were completed where people were identified at risk of not having sufficient to drink. People were weighed regularly and appropriate action taken if people lost a significant amount of weight. Food charts were in place for people who were losing weight or at risk and were generally well completed.

People told us they were supported with their healthcare needs. A person said, "I can see a doctor if I need one. The staff ask me if I need one. The opticians been to see me and I also see a chiropodist." Another person said, "I go for a monthly blood test to the surgery. The chiropodist has been and the hairdresser did me a lovely cut and colour." A visitor said, "Staff have been very quick to get the doctor in for [my family member] and collect their prescription. Impressive."

Care records indicated that people had access to other professionals when it was required. This included access to their GP, a speech and language therapist and a dietician. A visiting healthcare professional told us they felt they were contacted by staff appropriately and staff were alert to deteriorations in people's health.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "They're really nice to me and helped me settle in ok." A visitor said, "They're definitely kind, caring people." Another visitor said, "They're very welcoming and kind."

People told us that they felt comfortable with the staff. Staff showed empathy for the people they cared for and demonstrated their knowledge of people in the way they talked with them for instance, spoke about things which mattered to them. We observed a number of examples of kindness by staff with residents. For example, two staff were transferring a person into an armchair from their wheelchair, using a walking frame for support. "Right then, darling. May we help you up? I'm going to put my hand on your shoulder and back to help you. Up you go – keep moving round darling. OK [person's name], may we straighten you up a bit? That's lovely, well done."

We received mixed feedback regarding whether people were aware of the contents of their care plans though most people and relatives felt involved in the care planning process. A person said, "I've seen my care plan and they talk to me about it all and how I'm doing." A visitor said, "It was a lengthy process doing [my family member]'s admission, which had good detail. We've had a couple of meetings as we have lasting power of attorney." Another visitor said, "They [staff] ring us straight away if anything is wrong. We have a three monthly review meeting plus get results of [our family member]'s weight and fluid checks. We go through it all in detail with them."

Care plans indicated people or their relatives were involved in the development of their care plans and in their review. Care records contained information regarding people's life history and their preferences and we also saw examples where relatives had been involved in the best interests decision-making process.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions. A person was unable to communicate verbally after a stroke and their care plan indicated this and that staff had unsuccessfully tried to use picture cards as a communication aid. The care plan instructed staff to look for body language and the person's facial gestures to interpret their wishes.

People told us that staff respected their privacy and dignity. A person said, "They wouldn't do anything personal in front of others. [Staff] take me to the privacy of my room, close the door and curtains and then look after me." Another person said, "[Staff] treat me like a person. That's all I'm asking for." A visitor said, "We see them being very respectful of [my family member] and making sure they are comfy and have covered knees."

We observed staff knocking on bedroom doors and respecting people dignity by closing curtains and doors during personal care. People had the option of having their door left open or closed whilst in their room. However, we observed an agency staff member tell a person who wanted to go to the toilet, "You've got your pad, when you're done give us a buzz." This did not respect the person's dignity. We informed the registered manager who took immediate action to address this issue.

Staff told us they protected people's privacy and dignity by knocking on their doors before entering, shutting the door and curtain during personal care and offering them choices such as about the clothes they wanted to wear. A staff member said, "It is making sure you talk to people quietly and individually and don't shout across the room."

We saw that staff treated people's information confidentially and care records were generally stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

People told us that they were encouraged to be independent if they were able and to ask for help if required. A person said, "I'm definitely encouraged to do what I can." Another person said, "They let me do as much as I can manage." A third person said, "I keep independent. I do chair exercises. Eat and dress myself. I get my frame and walk around. Staff have discussed what I can do safely with me." Staff also told us they encouraged people to do as much as possible for themselves to maintain their independence.

A visitor told us, "I could come anytime. 24 hours if I needed to." Another visitor said, "We usually come in the afternoons but aren't tied here." Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. Information on visiting was in the guide for people who used the service.

Good

Is the service responsive?

Our findings

At our previous inspections in April 2015 and March 2016 we found that people did not receive responsive care that met their needs. The provider was found to be not compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan to tell us how they would become compliant with the regulation.

At this inspection we found that improvements had been made and this regulation had been complied with.

Most people they felt their care was personalised to their needs. A person said, "The staff here understand my needs and I'm very satisfied with them." Another person said, "Within its routines the staff are people minded. Some people need more help and get it. There is a mixture of needs here. Staff work in a sensitive way."

A person told us that they were asked what gender staff member they preferred for personal care. They said, "I said I always prefer females so that's what they do."

People we spoke with told us that calls bells were usually answered in a timely manner though sometimes they had to wait. We observed staff responding to call bells reasonably quickly, with more of a delay during lunchtime. A person said, "I use it quite often and the response is usually quite good." Another person said, "I ring to ask for the toilet and it's not long to wait." However, a third person said, "If I ask for help and its urgent they come quickly but for less urgent needs it can take 15-30 minutes." A visitor said, "[My family member] pulled the red cord in [their] room one day and it was a very quick response [from staff]."

People's views were mixed of the activities that were provided. A person said, "I sometimes get a bit bored. My family bring me in a paper or magazines sometimes so I can read them. I've no TV in my room. Most days there's something arranged here but not always my thing. I liked the animals they had in a few weeks ago; we got to hold all sorts." Another person told us, "I read my papers. I am offered activities but don't want to join in. I went on a home organised trip to the vintage tea rooms a month ago." A third person said, "I watch T.V and join in the entertainments and singing. I sometimes go to the living room. No one has asked me my interests. I like darts. I used to play golf. I wish there was more activities. I just nod off after lunch." A visitor said, "[My family member] might not always join in but most days something is laid on and they'll watch it if they're up. [They] love the monthly church service and songs." Another visitor said, "We've seen some good things on now and then. The reminiscence room is good; [my family member] likes that. The nice thing is we get asked to join in games too and can have a meal with [our family member] if we want."

We observed activities taking place in groups and on a one to one basis. However, we did not see any activities for people in the upstairs lounge on the nursing unit. When we talked to staff in the nursing unit they said that people were taken over to the group entertainment and activities in the other part of the service but, "Some [people who use the service] don't really get activities as they can't go over." Care staff told us they tried to spend some time chatting to people on a one to one basis during the afternoons. The registered manager told us they were recruiting an additional staff member to provide more activities in the

home. They would also be reviewing activities offered to ensure that they were personalised and also met the needs of people living with dementia.

Pre-admission assessments had been completed and an initial seven day care plan was developed when people were admitted to the service. A full range of care plans were then developed to provide further information for staff on the person's care and support needs. We found that they contained sufficient detail to enable care to be provided for the person in the way they wished. Information about the person's previous life and interests was available.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences. A person said, "I am a Catholic and someone from the church came to see me." Another person said, "I'm C of E [Church of England] and go to church occasionally, if I want to."

When people had health conditions such as diabetes, staff were knowledgeable about the care they required and the actions they should take if the person became unwell. Care plans provided details of the signs that indicate a state of high or low blood sugars and the actions staff should take if the person showed signs of these. There were clear instructions for staff as to the management of a person's PEG nutrition. We saw care was provided in line with requirements and the person's enteral feeding regime provided by the dietician was being followed.

People knew how to make a complaint. A person said, "I've not been here that long so have been okay with the place but I know what to do if I had real worries. Family would help me write [to the registered manager] too." A visitor said, "We made a complaint about medication and it's been sorted." Another visitor said, "I've had no cause to make a complaint but would see the [registered] manager if I did."

We looked at two recent complaints which were responded to appropriately. Guidance on how to make a complaint was displayed in the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain how they would respond to any complaints raised with them. Staff told us that if a person raised a concern or complaint with them they would listen to the issues and try and resolve it on the spot if they could. They said they would document it and report to the registered manager.

Good

Is the service well-led?

Our findings

Some people were aware of meetings for people who used the service and their families. A visitor said, "We went to a few meetings earlier on in [my family member]'s stay. They were quite interesting but it was the same few vocal people. So now we just talk direct to the staff if we want to say anything." Meetings for people who used the service and their relatives took place. We saw that action had taken place in relation to comments made at a meeting for people who used the service. A person had asked for more 'movement to music' activities and we saw the activity take place during our inspection.

There were notices displayed in the home to inform people and their relatives of the upcoming dates for the meetings. We also saw notices displayed in the home to inform people that the registered manager had a regular surgery where visitors could book appointments to discuss issues with her. We saw an example of where a visitor had discussed an issue with the registered manager at their surgery. The visitor had felt reassured by the registered manager's response.

We saw that surveys had been completed by people and relatives. Comments were generally positive and an action plan was in place and actions had been taken in response to comments about activity provision in the home. A meeting had also been held by an independent organisation at the home. This gave people the opportunity to raise concerns anonymously and the independent organisation then discussed them with the registered manager. We saw that the registered manager had taken action to investigate concerns that were raised regarding staffing levels at the home.

A whistleblowing policy was in place and staff told us they would be prepared to raise issues using the processes set out in the policy. A member of staff told us the provider's values had been discussed at induction. The provider's values and philosophy of care were displayed in the home and in the guide for people who used the service and staff, with the exception of an agency staff member, were observed to act in line with them during our inspection.

People told us that there was a good atmosphere at the home. A person said, "The home is always cheerful. We get some good times here." Another person said, "The feel is good with [staff]. The jokes and banter make it good. That's important to me." A visitor said, "It's quite a jolly place." Staff were generally very positive about the atmosphere of the home. A staff member said, "It's a happy place to work." Another staff member said, "It's a lovely home since staffing levels have got better and communication improved." We found the atmosphere in the home to be busy but relaxed and friendly.

People told us that the registered manager was approachable and listened to them. A person said, "She is very approachable. She comes and talks to me." A visitor said, "[The registered manager] has been really supportive of us; there's a real empathy and she says she's always at the end of a phone. The office staff are very pleasant too." Another visitor said, "The [registered] manager is wonderful; the best we've had. She's so good at her job. I find her easy to talk to as well."

Staff told us the registered manager was approachable and they felt able to talk freely with them about

issues. A member of staff they had initially found the registered manager unapproachable but their relationship had improved. They said they now felt they could raise any issues with her. They said the area manager, representative for the provider, was frequently at the service and was approachable. They told us they felt there was a drive to improve the service. Another staff member said, "The manager is honest with me and sometimes a little blunt, but I have never had a problem and could talk to her if I needed to." They went on to say, "She is very approachable." A third staff member said, "The registered manager is supportive and takes your opinion seriously."

Staff told us staff meetings were held regularly and they were encouraged to raise issues at the meetings. We saw that staff meetings took place and the management team had clearly set out their expectations of staff. Staff told us that they received feedback in a constructive way. A clear management structure was in place and staff were aware of this.

A registered manager was in post and was available throughout the inspection. They told us that they felt well supported by the provider. The current CQC rating was clearly displayed. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and other staff, including a representative of the provider. Audits were carried out in a range of areas including infection control, care records, medication, health and safety, mealtimes and catering. Night time visits were also carried out to check the standard of care provided at night. There were regular meetings of staff to monitor areas like falls, weights and health and safety and whether any further improvements could be made in these areas. Action plans were in place where improvements were required to address any identified issues.