

The Churchley Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Churchley Rest Home provides accommodation and personal care for up to 18 older people with a variety of care and support needs, in one adapted building. Some people are living with dementia. At the time of the inspection, the home was full.

People's experience of using this service and what we found

People were involved in all aspects of the home and their views were listened to. However, one person told us they did not want to continue to live at the home and wished to return to their own home. They had been assessed as having capacity to make this decision, but staff were reluctant to allow the person to leave as they felt they would be unsafe living on their own. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People felt safe living at the home and their risks were identified, assessed and managed well. One person said, "I feel very safe and I like it here". Staff had been trained in safeguarding and knew how to protect people from harm. Staffing levels were sufficient to meet people's needs and new staff were recruited safely. Overall, medicines were managed safely, although the audit concerning medicines was not completely effective, as two medicines which should have been disposed of were still in the refrigerator. This is an area in need of improvement.

People and their relatives felt the home was well-managed and care was of a high standard. Referring to the registered manager, one person said, "She does a good job. She doesn't interfere a lot, but she's got her eye on things". Feedback from people was encouraged. Staff felt supported by the management team and enjoyed working at the home. Audits had not identified the areas of concern found at this inspection.

The home was clean and smelled fresh. Staff used disposable aprons and gloves to prevent the risk of infection.

Before people came to live at the home, their care and support needs were identified and assessed. People's needs were continually reviewed and monitored. Staff completed a range of training that enabled them to support people effectively; staff had regular supervisions.

People enjoyed the food on offer and had a choice of menu. One person said, "There's one main meal. Staff quickly get used to what you don't like and they provide you with something else". People had access to a range of healthcare professionals and services.

People told us they were well treated by kind, compassionate and caring staff. One person said, "Staff are very nice, they really are. I haven't come across one who wasn't". A relative told us, "Staff know people well. They know when people don't feel so good and they give them more attention". Staff encouraged people

with their independence. One person said, "Staff help you with anything you do have difficulty with". People were treated with dignity and respect and encouraged to be involved in decisions relating to their care.

Care was personalised and people's likes, dislikes and preferences were recorded and catered for. A range of activities was planned and people were supported to participate in activities of interest to them. People enjoyed the activities on offer. One person said, "There's singing and exercises. People come and entertain us. There's musicians. They play us tunes and we have a sing-song; it's fun. It's enough to keep you from being bored".

People's communication needs were met. Families and friends were encouraged to visit people at the home. If people or their relatives had any complaints, these were listened to and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at the last inspection

The rating at the last inspection was Good (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Effective sections of this report. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow-up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

The Churchley Rest Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector 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 care service.

Service and service type

The Churchley Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This

is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives. We spent time observing the care and support people received. We spoke with the registered manager, the deputy manager and two care staff. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems and processes had been implemented to protect people from the risk of abuse.
- Staff had completed training in safeguarding adults at risk. One staff member told us about the types of abuse they might encounter and added, "I would report any concerns to my manager. If nothing happened I would report it to CQC".
- People told us they felt safe living at the home. One person said, "There's plenty of staff and if you're worried, you can talk to them. I can't imagine not feeling safe here". A relative told us, "She's extremely well looked after. She's got more needs than she had in the past, and she's got the help".
- People's risks were identified, assessed and managed safely. Care plans provided information and guidance which staff followed. Risk assessments related to areas such as mobility, cognition, eating and drinking, and the environment. One person's risk assessment in relation to their ability to use a call bell stated that they would not remember or understand how to use a call bell. Instead they had been given a pendant to wear, so they were able to call for staff by pressing the button on the pendant.
- Staff had completed training in fire safety and a quiz had been organised to check their understanding of what action to take in the event of a fire.

Using medicines safely

- Some aspects of medicines management were in need of improvement.
- We observed medicines being administered to people by a staff member at lunchtime. The staff member removed a rack of tablets from the medicines trolley which they had wheeled into the dining room. People received their medicines as prescribed. However, whilst the staff member locked the trolley when it was left unattended, they had left the rack of tablets on top of the trolley. This happened on three occasions. This did not pose a risk as people were sat down having their meals and the staff member was close-by. We discussed this with the staff member who agreed this was an oversight on their part.
- Medication administration records (MAR) had been accurately completed to confirm people received their medicines.
- Medicines that were required to be refrigerated were checked. One medicine was out of date and another should have been disposed of, as this was no longer required. The staff member removed the medicines from the refrigerator and told us they would be disposed of safely.
- There was no detailed medicines audit, although there was a book which recorded the disposal of medicines and medicines coming into the home. We discussed this matter with the deputy manager who agreed that a more effective medicines audit would have identified the issues we found at inspection. This is an area in need of improvement.

- A relative confirmed their family member received their medicines as needed. They told us, "Yes, she does, and the record keeping for her medication is very good. They are good at informing relatives about the need for medication change. They are very pro-active with the medical staff".

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- We asked people if they felt there were enough staff and if their call bells were answered promptly. One person said, "I've never had to ring it. I expect they'd come flying if anyone did!" A relative told us, "Staffing can be a problem in any care home, but the staff here are dedicated. You don't get agency staff appearing. The people get to know the staff and vice versa".
- People said that staff had time to spend with them. One person said, "They are always around. [Named one staff member] is especially easy to talk to". A relative told us, "Most of the time staff do. Sometimes there might be an emergency and they get called away, but that can't be helped".
- Staff said there were enough staff on duty. One staff member said, "With the residents we have at the moment, they are quite self-caring, so we have enough staff".
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before the staff members commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had completed training in infection control.
- We saw staff using personal protective equipment, such as disposable aprons and gloves, when providing personal care.
- The home was clean and smelled fresh. People thought the home was clean. One person said, "It's lovely. The floors are clean; the plates are clean. I can't fault it". A relative told us, "There's a person dedicated to cleaning duties. There are no odours; it's well maintained".

Learning lessons when things go wrong

- Lessons were learned when things went wrong
- We asked the registered manager for any examples of incidents that had occurred, the outcome and what might have changed in practice as a result. The registered manager could not think of any specific incidents, but talked about being pro-active, to prevent harm from coming to people. For example, the family of one person had bought a profiling bed with rails, to prevent the person from falling out of bed, as they were at risk of this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was not always gained lawfully. Applications for DoLS had been completed for some people where their capacity was assessed and they were unable to give their consent to live at the home. However, for one person who had moved to the home a couple of months before, their capacity assessment to give their consent to stay at The Churchley Rest Home was delayed. The person told us they were unhappy and wanted to return home. Staff at the home were aware of the person's wishes from the outset but had not taken action. The person explained that they had not wanted to move into the home, but had been persuaded to by their relatives. Their capacity to make this decision should have been assessed sooner as they were prevented from living in their own home.

The provider had not assessed the person's needs in a timely manner or assessed their capacity to make a decision in relation to them staying at the home. This is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed training on the MCA. One staff member told us, "If people are quite okay, they should be able to make their own decisions; if they're not, then they can't". A second member of care staff was unsure whether they had completed training on this topic. However, they told us, "Sometimes someone with dementia may not be able to make important decisions, so handling their money might go to a family member or lawyer. People can make day-to-day decisions and still make a choice".

- Care plans included assessments for some people in relation to their capacity to make decisions. The registered manager told us that the front door was kept locked, otherwise some people might try to leave the home and would be unsafe.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care and support needs were assessed before they came to live at the home. Assessments for people prior to admission included information about their weight and nutritional status, personal care needs, any risks, communication, and moving and handling requirements.
- People's care needs were assessed at admission and continually reviewed and monitored in line with best practice to ensure the support staff provided remained appropriate. One person said, "They planned my care before I came here. I had a good idea what it would be like and they knew about my allergies". Referring to their pre-admission assessment, another person told us, "Yes, I remember that. I felt they listened to me, and my likes and dislikes".
- Staffing levels were assessed according to people's needs and choices.
- Staff worked with healthcare professionals such as community psychiatric nurses and community nurses, to support people's health needs.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs. Training included moving and handling, safeguarding, first aid and mental capacity. We observed that staff supported people appropriately and according to their needs.
- People felt that staff were well trained to provide the support they needed. One person said, "Yes, they look after me so well". A relative told us, "They seem to be. They know the individuals quite well".
- Staff told us they received supervision with their line manager and records confirmed this. One staff member explained that supervision enabled them to talk about their training, their job role, record keeping and how they felt about their employment. Supervisions were held approximately every six months. Annual appraisals for staff were completed. One staff member told us, "Supervision happens every six months and there's an annual appraisal. We are asked if we're happy here and with the way the home is run, the training that we've been doing and anything we would like more training on".
- Training was delivered by a trainer or staff had access to online training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. Special diets were catered for, for example, one person required a gluten-free diet and another person was a vegetarian.
- People told us they were happy with the food on offer. One person said, "It's the same as I had at home. It's very good. I have to have gluten-free or I'd be very ill. I used to make mistakes at home and eat things I shouldn't. The cooks here know what I can eat. I couldn't stay here if they didn't".
- People said there was a choice of menu. One person told us, "They ask you what you want and, if it's something you don't like, you tell them and they get you something else".
- We observed people eating their lunchtime meal. Thirteen people were served lunch in the dining room. One person who had a visual impairment was provided with a plate with a raised rim and this enabled them to eat independently. People enjoyed the meal and very little was left on people's plates.
- People were given a choice of drinks; drinks were freely available to people throughout the day.
- People's weight was regularly monitored with their permission.

Adapting service, design, decoration to meet people's needs

- The Churchley Rest Home was originally a private house when it was built and the premises have been adapted to meet people's care and support needs. The registered manager told us that considerable investment had occurred recently to maintain and update the home. A new conservatory roof had been fitted, new windows, bathrooms and wet rooms installed.
- The home was accessible to people via a lift and stair lift.

- Gardens were also accessible. One person said, "The garden is very nice and you can sit outside. The door is always open". Another person told us, "It's a beautiful garden. I love to sit outside and my family does too".
- Signs aided people to find their way around the home.

Supporting people to live healthier lives, access healthcare services and support

- People received healthcare support as needed from a range of professionals. Care plans confirmed this.
- One person said, "I've never needed to see a doctor. If I needed an eye test, [named relative] would take me". A relative told us, "The optician was here last week. [Named person] had the doctor less than a month ago for a check-up and a medication change to deal with any problems".
- Healthcare professionals' visits were recorded in people's care plans. For example, one person had seen their GP because of oral health issues and a particular mouthwash had been prescribed as a result.
- If people had no relatives or friends to support them at hospital appointments, then a member of staff would accompany them.
- Assessments were completed in relation to people's oral health care. The condition of people's teeth and/or dentures, gums and mouth were monitored and a score in excess of 16 points meant people were recommended to receive a dental examination. Staff undertook oral health examinations and wore gloves when carrying out these assessments. Visits to the dentist were recorded for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were patient, kind and friendly. Positive caring relationships had been developed.
- People felt they were well treated by staff. One person said, "I like the staff, they are very nice to us. They are good fun, they never grumble. There's a lady who can't walk very well and they help her, but if they know you can walk by yourself, they leave you to it". A relative told us, "They are so kind; they're angels. We all work well together and there's a great team spirit".
- Interactions between people and staff were good-humoured and friendly. We saw one of the care staff arrive and exchange greetings with people. Care was taken to ensure one person was aware of where their drink was and another person's newspaper was moved in case drink was spilled on it. There was an awareness by staff of people's needs and care was taken to address them.
- People's diverse needs were identified, respected and catered for. Staff had been trained to recognise and adapt to people's preferences. One person with a visual impairment asked which staff member was bringing them a cup of tea as they entered their bedroom. The staff member told the person their name, and touched the person's hand briefly to reassure them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care and their views were listened to.
- Care plans recorded when people made particular decisions, for example, in relation to their preferences and wishes. One person said, "When my relative brought me here, she said, 'You must tell me straight away if you're not happy and we'll look for somewhere else.' But after I'd been here a while, I said we don't have to look for anywhere else. The staff are friendly, there's good food and it's clean, all the important things".
- A staff member said, "We encourage people to make choices. In the morning when I help people get ready, I ask people what they want to wear and what they might like to eat and drink during the day".

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Their levels of independence and what they could do for themselves were recorded in their care plans.
- We observed staff knocked on people's doors before entering their bedrooms. One person said, "They always knock on the door before they come in".
- People were encouraged to be as independent as possible. One person said, "I go out on my own. Staff just like to know when you go out and I've got a mobile". A relative told us, "[Named person] had a fall and it affected her walking. Staff encouraged her to walk. She didn't really want to, but they kept at it, encouraging

her to take a step at a time. She's walking less well now, but she can walk and that's down to the effort they made with her".

- When asked about how they would promote people's independence, a staff member explained, "We encourage people to do what they can. [Named person] will wash and dress herself. Sometimes people feel really tired, so you have to encourage them and help when needed".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported. For example, one person had a significant, deteriorating visual impairment which affected their mobility. The person became anxious when walking because of their poor eyesight. Their care plan identified that at least one member of care staff should support this person to aid their mobility.
- In one person's care plan, their preference was to have their night-time medicines and final drink by 20.15hrs and staff ensured this was done.
- People and their relatives were invited to review their care plans. One person told us, "Yes, I had an assessment about a week ago". Care plans were reviewed monthly or more often when changes took place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met and these were recorded in their care plans.
- One person chose to use headphones and an amplifier, rather than hearing aids, to help them communicate. Staff understood how to support this person to set up their headphones. We spoke with this person and asked them about their headphones and they told us, "It's amazing to be able to hear".
- People summoned staff by using their call bell and their ability to use this had been assessed. One person showed us their call bell which was next to them in their bedroom. They explained they would use this when they needed to, but occasionally rang the bell when they had not meant to! Staff responded promptly when called.
- The use of social media enabled relatives to keep in touch with their loved ones and to find out what events or activities had occurred at the home. W-fi was available to people throughout the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships of importance to them. One person said, "My family can come at any time, but not after 10.00pm I think". A relative told us, "'Churchley' make it plain it's people's home. They said we could use the lounge for a get-together with some relatives. They said, 'It's your home too.' I was deeply touched. Everyone supports you".
- People were happy with the activities planned for them. One person said, "Activities happen every day

and there's a variety. They have a church service, an art class and singing. A chap comes in and takes people out for a walk. They have Bingo and quizzes and a bicycle [rickshaw] service where two people ride in a carriage. There's lots going on". A relative told us, "[Named family member] enjoys taking part in it all, except the walking about! She enjoys the indoor and outdoor activities".

- Some people were sat in the conservatory during the morning of our inspection. They were chatting with each other and had access to newspapers. A yellow Labrador who belonged to the deputy manager was a daily visitor to the home and his company was enjoyed by all.
- People were encouraged to pursue their interests. One person had gone out to a lunch club at their Methodist church, which was a regular event for them. Another person told us, "Two ladies from the church come here. They say prayers and sing a hymn. They do that perhaps once a fortnight. I'm not a religious person, but I enjoy that".
- The registered manager told us that nursery school children visited fortnightly and people told us they enjoyed these occasions. She added, "We've upped the activities a lot and introduced different singers and exercise classes. We have a person who comes in twice a week to do activities with people. Some people go out".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. Initially complaints were made to the registered manager or deputy manager and a response could be expected within 28 days.
- One formal complaint had been recorded within the last year. This was dealt with satisfactorily. Informal complaints were dealt with straight away. A relative said, "We were concerned about [named family member] medication. We had a discussion with the manager about this. The manager observed [named family member] for a week and said she agreed with us and organised changing her tablets".

End of life care and support

- People could live out their lives at the home if this was their wish and their needs could be catered for.
- If people were comfortable to express their wishes for their end of life care, then these were recorded in their care plans. The registered manager explained this was a sensitive issue and some people chose not to discuss this topic.
- No-one living at the home was receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- At the last inspection, quality assurance systems had been implemented, but had not yet been embedded fully to measure and monitor all aspects of the service provided.
- At this inspection, whilst some improvements had been made in relation to quality assurance systems, some aspects of medicines management were not managed safely. A rack of tablets was let on top of an unattended medicines trolley, while the staff member administered medicines to people. Two medicines stored in a refrigerator had not been disposed of as needed. The provider had disregarded one person's wishes in relation to obtaining their consent to stay at the home.
- Audits had not been effective in identifying that these were areas in need of improvement.
- Other audits in relation to equipment, fire safety, the maintenance of premises and the environment were reviewed and were effective.
- Compliments had been received by the provider from a number of relatives. We read, 'A few lines to thank you for the care and kindness you showed to Mum during her all to short stay with you'. Another relative had written, 'Thank you all so much for making [named person] life with you so lovely. Everyone was so kind and friendly and nothing was too much trouble. My whole family and myself owe you a big thank you for all you did and the way you did it'.
- The registered manager told us they were part of a 'well led' programme for homes who had been awarded a rating of 'Requires Improvement' at the last inspection. The person leading this programme provided support to managers of homes across Sussex. Meetings were organised which managers attended and which enabled them to network and share ideas.
- According to the Provider Information Return, the home was a member of the National Care Association and a local registered care organisation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care that was responsive to their needs.
- People described the culture of the home as, "friendly and helpful", and, "There's a lovely atmosphere in the home".
- People were asked for their feedback through annual surveys, the last one of which took place in 2018. Residents' meetings did not take place on a regular basis, but people were asked for their views about the home on a more informal basis. The deputy manager said they would often ask people how they felt about

the activities on offer and how people would like to spend their time.

- One person said, "It's a pretty well-run rest home. I've heard of other homes where people aren't so happy. I can't say I've heard anyone grumble about this place; we're a contented lot". A relative told us, "The staff communicate well with us. They give an accurate assessment about things and the manager is good".
- Staff felt supported by the management team. One staff member said, "It's a lovely little home. We don't use agency staff here. I'm quite happy with the way things are run and how the residents are looked after. Because it's small, it's more likely family. The manager is here most days. In some homes, the owners are never really there, but our manager knows everybody. We don't have a high turnover of staff and most staff have been here a long time".
- A member of staff explained their religious needs and that if they were working a long shift, they were given a space to pray in privacy.
- Staff meetings took place annually. Staff explained that any concerns or suggestions would be listened to as and when these arose. Handover meetings which took place at each change of shift were also opportunities for staff to discuss any issues. One staff member told us that if the registered manager needed to communicate messages to staff they would put a notice up in the kitchen. The deputy manager said, "We don't have regular staff meetings, but we've all been here for so long, we have fallen into relatively good practice with each other over the years and what people like".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- In the absence of the registered manager, we asked the deputy manager to explain their understanding of duty of candour. They told us, "I will inform anyone of any particular issue that happens to do with death or injury". The deputy manager understood the importance of being clear and transparent in relation to any concerns and involving relatives in any discussions.
- People felt the home was well managed. Referring to the registered manager, one person said, "She does a good job and she's very gentle when she's talking to you about things that are important to you". Another person told us, "She's excellent. She's very thoughtful for the needs of everyone. If they're short-staffed, she works herself".
- The registered manager understood their responsibilities in relation to regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and a link to CQC's website enabled the public to access the last published inspection report on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent One person had not given their consent to stay at the home. They were deprived of their liberty without lawful authority. Regulation 11