Central England Healthcare (Wolverhampton) Limited

Eversleigh Care Centre

Inspection report

52-62 Albert Road
West Park
Wolverhampton
West Midlands
WV6 0AF

Tel: 01902426323
Website: www.eversleighcarecentre.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 22 and 23 February 2018. Day one of the inspection was unannounced, and day two was announced.

Eversleigh Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service provides nursing and personal care for up to 84 people. At the time of this inspection, there were 59 people living at the home.

There was a registered manager in post. 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. The registered manager was present throughout this inspection.

At the time of our last inspection undertaken on in May 2017, we rated the service as Requires Improvement and found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff deployed to safely meet people's needs. At this inspection, we found improvements had been made and the provider was no longer in breach of this regulation. The service is now rated Good.

Staff had time to attend to people's physical and emotional needs. People did not have to wait for help from staff when this was needed. The provider followed safe recruitment processes.

The risks associated with people's individual care and support needs had been assessed and were reviewed as people's needs changed. People received their medicines safely and these were stored in accordance with the prescriber's directions.

People were protected from the risk of infection, and there was an understanding by staff of the importance of infection control and prevention. Where there were concerns about people being at risk of harm or abuse, action was taken to safeguard the individuals concerned.

Staff received ongoing support, training and guidance in their roles. The provider kept staff's training needs under review and arranged additional training in line with the health and emotional needs of people living at the home.

People's rights were upheld in accordance with the Mental Capacity Act. People had access to a range of healthcare professionals, as required.

People enjoyed a variety and choice of foods. People were encouraged to eat and drink, and there were

initiatives within the home to raise the awareness of hydration and nutrition, as well as the importance of people's dining experience.

People were supported to express themselves and communicate through a range of different methods. People had individual communication support plans in place, which were followed by staff.

People enjoyed respectful and positive interactions with staff. People were involved in decisions about how they wanted to be cared for. People's independence was promoted, whilst maintaining their safety.

People's changing health and wellbeing needs were responded to. People enjoyed their individual hobbies and interests, as well as having the opportunity to experience new social and leisure opportunities.

There was system in place for responding to and acting on complaints, comments, feedback and suggestions.

The atmosphere and culture of the home was upbeat and relaxed, which helped people to feel calm and happy. Staff, the registered manager and the provider were all striving to achieve the highest possible CQC rating and to provide the best possible service to people living at the home. The registered manager and the service had won local and national awards in recognition of what they had achieved.

The provider had quality assurance measures in place to routinely monitor the quality and safety of care 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?

Good

The service was safe.

There were enough staff to safely meet people's physical and emotional needs. The provider followed safe recruitment procedures.

People were protected from the risk of infection. People received their medicines safely and in accordance with the prescriber's instructions.

Staff and the provider understood their roles and responsibilities in regard to protecting people from abuse or harm.

Is the service effective?

Good

The service was effective.

Staff received ongoing training and guidance in their roles to enable them to meet people's needs.

People were encouraged to eat and drink enough and to maintain a healthy weight. Consideration was given to the importance of the overall dining experience for people.

People had access to a range of healthcare professionals, as required.

Is the service caring?

Good

The service was caring.

People enjoyed respectful and positive relationships with the staff. People were involved in decisions about how they were cared for.

People's individual communication needs and styles were known by staff, and people were supported and encouraged to communicate through a range of different methods. People's independence was encouraged as much as possible.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain their individual hobbies and interests, as well as to experience new social and leisure opportunities.

People's changing health and wellbeing needs were responded to. There was a dignified approach to end-of-life care.

There was a system in place for capturing, responding to, and acting on complaints, comments, suggestions and feedback.

Is the service well-led?

Good

The service was well-led.

The registered manager shared their knowledge, skills and current best practice with the staff team. The registered manager and provider worked in partnership with other agencies to ensure people received a high standard of quality of care.

Staff were motivated in their roles and felt committed to further improvements and developments at the home. There were systems in place to monitor the quality and safety of care provided and to rectify any shortfalls.

Eversleigh 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 22 and 23 February 2018. Day one of the inspection was unannounced, and day two was announced.

Day one of this inspection was completed by two Inspectors; a specialist nurse adviser 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. Day two was conducted by two Inspectors.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the inspection visits, the provider completed 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 used this information to help with our planning.

We asked the Local Authority and Healthwatch for any information they had which would aid our inspection. We used their feedback as part of our planning.

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.

We spoke with eight people who lived at the home; five relatives; a hospital prevention consultant; a Clinical Commissioning Group step-down adviser; the registered manager; the operations manager (referred to as "the provider" in the report); six nurses; four members of the care staff team; the cook; the maintenance

man; and the housekeeper. We looked at eight care plans, which contained healthcare information; mental capacity assessments; risk assessments and pre-admission assessments. We also looked at five staff pre-employment checks; the provider's quality assurance records; medication administration records and comments and feedback received.

Good

Is the service safe?

Our findings

At our previous inspection in May 2017, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not sufficient staff to attend to people's care and support needs in a timely manner. The provider was asked to complete an action plan which set out how they would meet this regulation. They told us they would review the skill mix and deployment of staff, and review the dependency levels at the home and associated staffing levels.

At this inspection, we found the provider was no longer in breach of this regulation and improvements had been made. Staffing levels had increased, which meant there was now a deputy manager on every shift for each unit at the home. Staff we spoke with told us this had a positive effect on the care delivery. One member of staff told us, "It is so, so much better now; the pressure has eased and we have more time to spend with people." We spoke with the provider, who told us the dependency needs of people living at the home were reviewed regularly, including when assessing new admissions, and staffing levels were adjusted accordingly. Records we looked at about dependency needs confirmed this. Where agency staff were used, the provider tried to use familiar agency staff as much as possible in order to provide consistency for the people living at the home. Agency staff we spoke with told us they had structured inductions before they had started working at the home. One member of staff we spoke with told us they had started working at the home through an agency, and had been so impressed with the home, they had successfully applied for a permanent post there.

People, relatives and health professionals we spoke with told us they thought there were enough staff to safely meet people's needs. One person we spoke with told us, "If I need someone (staff), there is never a delay." We observed people's call bells were responded to quickly throughout the inspection, and we saw there were enough staff to assist people with eating and drinking, mobilising and to attend to their emotional needs.

We reviewed a sample of staff pre-employment checks and found safe recruitment processes had been followed. This included reference checks, confirmation of leave to remain (where applicable), and checks with the Disclosure and Barring Service ("DBS").The DBS. The DBS helps employers make safe recruitment decisions, and prevents unsuitable people from working in care.

There were individual risk assessments in place regarding people's care and support needs. These risk assessments gave clear guidance and direction for staff in how to safely care for people. For example, we looked at three risk assessments and care plans in regard to individuals' pressure and wound care. These detailed how to manage people's skin health, and staff we spoke with were knowledgeable about people's individual wound and pressure care needs. Risk assessments were also in place for key areas of people's care including mobility, eating and drinking, and emotional health.

People received their medicines safely. A relative we spoke with told us, "(Person) was struggling to swallow their tablet, so they looked into a soluble option and this is now in place and means (person) has their medicine safely." We found people had regular medication reviews, and that staff were vigilant in

monitoring any reactions people had to, or difficulties with, their medicines.

We checked all the medication administration records (MARs) currently in use and found the recipients were all clearly identifiable, with identification photographs in use for each person living at the home. There were no missing signatures on the MARs, and the MARs were checked by medication trained staff on duty at the end of each medication round. This system helped to identify whether there had been any medicine administration errors, and that all medicines had been administered and signed for.

Where medicines, such as creams, liquids and ointments, had been prescribed, these were stored in accordance with the prescriber's guidance and staff had clearly marked the date of opening. All clinical fridges in use were at the correct temperatures and contained no overstock of medicines. Prescribed thickeners were stored in a locked cupboard, which was in accordance with a National Patient Safety alert in 2015 regarding the safe storage of thickeners.

There were protocols in place for 'as required' medicines, such as pain relief. Each person had an individual pain monitoring chart in place, which was used to record whether people were in need of pain relief and to monitor their pain. Staff we spoke with were knowledgeable about people's 'as required' medicine and the importance of offering this. We saw staff offered people their 'as required' medicines during the medication rounds. Staff who administered people's medicines explained to them what they were giving them and made sure they had time to spend with each individual to ensure the medicine had been taken safely.

The provider had effective systems and processes in place in regard to protecting people from abuse and harm. At the time of our inspection, there was an ongoing safeguarding concern regarding a person living at the home. All staff we spoke with had been made aware of the concern, and were able to tell us what action they took to keep the person safe. The provider had put a protocol in place for all staff to follow for this person's protection, and they had notified the Local Authority and the CQC of this matter. Staff told us that after any safeguarding concern had been raised, this was shared with the staff team and used for learning. One member of staff told us, "After a recent safeguarding incident, we had a staff de-brief. This was really supportive, and was reassuring to know our clinical decision had been accurate."

People were protected from the risk of infection. The home smelt clean throughout our inspection, and all clinical and non-clinical bins were clean, not overfilled and operated correctly. The home had an "Infection Control Champion" in place. They told us, "It is about knowing the National Standards and educating the staff team about these. Infection control is about keeping people safe, but to me, it is also about maintaining their dignity and rights." They told us it was important the home was clean and welcoming and free of any malodours. At the time of our inspection, the home had been awarded a Higher Gold Award for infection control and prevention.

Checks were routinely carried out to ensure that the physical environment was safe for people, and that equipment used was in good working order; hoists had been serviced to ensure they were safe to use. During our inspection, we noticed a fire door's closing mechanism had been compromised and an area of carpet was worn, which created a trip hazard. We saw these issued has been reported and action taken by the provider to correct the issue.

Good

Is the service effective?

Our findings

At our previous inspection in May 2017, we rated this key question as Requires Improvement. At this inspection, we found the provider had made the required improvements and this key question is now rated Good.

People, relatives and health professionals told us they felt staff were skilled and competent in their roles. One person we spoke with told us, "I don't have any worries; they know what they are doing." A relative we spoke with told us, "They manage (person's condition) very well; they are knowledgeable about it." Another relative we spoke with commented positively on the catheter care at the home. A health professional we spoke with told us one of the strengths of the service was the clinical side, and the clinical skills and knowledge of staff and the registered manager.

Staff told us, and we saw, they received ongoing training and support to enable them to be effective in their roles. One member of staff told us, " [Registered manager] doesn't just watch- she will come and show you how to do something and raise your own level of ability." Nurses in particular spoke about how the registered manager's skills and experience in palliative care had helped to enhance their own, such as providing clear instruction and demonstration on the use of a syringe driver, which is a portable devise to administer injectable medicine.

At the time of our inspection, there were people living at the home with Parkinson's disease. We found that staff had not received training in this condition, although they told us they did not feel a lack of training affected their ability to care for people. We spoke with the registered manager and provider, who told us they identified this training gap . After our inspection, they provided us with details of the training they had arranged for all staff about this condition by a Parkinson's nurse.

We considered how people's rights were protected under the Mental Capacity Act. 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.

Staff we spoke with had a good understanding of the key principles of the Act and how this affected their daily practice. For example, staff told us about one person who had been advised by the speech and language therapy team to avoid certain foods because of the risk of choking. The person had capacity to make decisions about their diet. Staff had explained the potential risk of certain foods to the person, and they had made the decision to continue to eat their favourite meal, despite the choking risk. Staff understood that people had the right to make decisions which may seem unwise. They also understood about fluctuating capacity, and the need for capacity assessments to be decision-specific.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

The registered manager and staff knew who had authorised DoLS in place; what these restrictions meant for each individual, and whether there were any conditions in place as part of the authorisations. Where people were subject to a DoLS, they had access to Independent Mental Capacity Advocates (IMCAs) and Relevant Person Representatives (RPRs).

People enjoyed the choice and variety of food provided. One person told us, "They (staff) come around every day and ask what you want, and if you don't want it they will give you something else. I had egg and chips the other day as I didn't want what was on the menu." We saw staff explaining the menu options to people and asking them whether there was anything else they would like to eat. Snacks and drinks were also provided to people throughout the day. A relative we spoke with told us their loved one had never drunk enough throughout the day, and that staff were very good at encouraging this person to drink. We saw there were regular nutrition and hydration awareness days at the home, which included putting on events such as tea parties for people.

Consideration was given to the dining experience for people. Where people needed assistance with eating, this was provided in a discreet and dignified manner. There were "Fine Dining Champions" now in place, who carried out regular audits to make sure people were getting the support they needed with their meals, making sure the food looked appetising, and that people did not have to wait too long to be served.

Where there were concerns about people's weight loss or gain, there was weight monitoring in place. This information was routinely reviewed and monitored so that any changes could be acted upon, such as referrals to GPs or dieticians.

We spoke with the cook, and they had important information in the kitchen about people's specialist diets and dietary requirements, as well as their individual preferences. This included having regard for people's cultural and religious dietary requirements, Where there was input from the speech and language therapy team or dieticians, this guidance was known by the cook and by staff and was adhered to. A relative we spoke with told us they were impressed that staff always checked with them first before offering new soft foods for the person to try, to make sure they were suitable. At the time of our inspection, the service had a five star rating from their food hygiene inspection.

People were supported to maintain their health. One person we spoke with told us, "I see the doctor and the optician and I had glasses a couple of months' ago." We looked at the healthcare information in people's care plans and saw they had access to a range of health professionals and services, including tissue viability nurses; psychiatrists; opticians; physiotherapists and chiropodists. Health professionals we spoke with told us staff were quick to contact them if they had concerns about anyone's health, and that they always followed the advice and recommendations given.

There was signage around the home to help people to navigate their environment. The provider told us about their plans to improve the design and adaptation of the building for the benefit of people living at the home. That included levelling off an area of the garden with paving slabs so it was safe for people to use, as well as turning one of the units into a specialist dementia unit. This would include installing dementia-friendly flooring, lighting and furniture.

Good

Is the service caring?

Our findings

At our previous inspection in May 2017, we rated this key question as Requires Improvement. At this inspection, we found the provider had made the required improvements and this key question is now rated Good.

People, relatives and health professionals were consistently positive about the caring approach of staff. One person we spoke with told us, " Yes, they (staff) are very nice; I have no complaints at all." One relative we spoke with told us, "The staff are great and we get on well. My (relative) is well looked after and the chef's food is great. I always have a great laugh with the staff. I feel part of the family." Another relative we spoke with told us, "The staff are really kind, we are happy my (relative) is here. (Person's name) is also content and relaxed here at Eversleigh."

We observed caring, dignified and respectful interactions between staff and people throughout the inspection. For example, one person had been asleep and was distressed and disorientated when they woke, A member of staff was quick to reassure this person, who then explained they had been dreaming and wasn't sure where they were then they woke. Another person asked a member of staff to bring them a writing pad and pen as they wanted to write to their hospital consultant. Staff did not question this person's request or dismiss it, and gave the person what they had asked for. The atmosphere at the home was calm, but upbeat. We saw people enjoying staff company and enjoying laughs and jokes with them, and that staff knew people well. One member of staff told us, " We are calm in our work, and that keeps the residents calm as well."

The provider understood the requirements of the Accessible Information Standard ("AIS") and had implemented this in the home. The AIS required publically-funded bodies to ensure their information is provided in accessible formats for people who may require this. There was a "communication corner" within a communal lounge. This corner contained information about the service in picture format, large print, Braille and Punjabi. There were also communication and reading aids, such as a magnifying glass and communication cards. One person enjoyed using the magnifying glass to look at the pictorial information in the corner. Previously, one resident had made use of the Punjabi communication aids. People also had access at the home to Ipads and laptops, which some people did make use of. The provider told us about the importance of finding different ways to help people to communicate. One person had moved into the home and the provider had been informed the person was unable to communicate. However, staff had found the person was able to communicate using a blinking system. The provider told us this highlighted the importance of never dismissing someone as being unable to communicate and to always explore alternatives to engage with them.

People had individual communication care plans in place, which staff were aware of and followed. For example, one person's care plan explained that if they shouted out a lot, they may have an infection. Staff we spoke with were aware of what this person's shouting may mean and told us they action they took if there were a suspected infection.

Staff had received training in equality, diversity and human rights, and we saw how this was embedded in their daily practice. One member of staff told us, "We have to be open-minded. It is not for us to make judgements about people's lifestyle choices." The home catered for people's different cultural and religious needs, such as diet and the need for attending religious services.

People were treated with dignity and respect. Staff we spoke with told us about the importance of people's dignity, and the things they did to maintain this for people living at the home. One member of staff told us, "If a person moves in to the home with a make-up bag, that tells me they have always worn make-up. So it is about keeping that up and not thinking it stops now they are living in a home." Another member of staff told us, "It is about getting to know people and all their different quirks and nuances." Staff told us they had time to spend with people having a chat and spending quality time with them, which was reflected in what we saw.
The provider had introduced a "Resident of the Day" scheme, which involved the person having their bedroom deep cleaned; a care plan review; and a conversation with the chef to see if there were any changes to their preferred meals and foods; every person living at the home took their turn in being the resident of the day. The provider told us, "It's the little things which make a big difference to people."

Relatives told us they had been involved in the implementation of their loved ones' care plans, as well as any subsequent reviews. One relative we spoke with told us, "I wrote (person's) life history for their care plan. The staff have taken the time to get to know (person) and understand them." We saw people's care plans contained information around how people wanted to be cared for, as well as important information around their individual preferences, such as the name they wished to be addressed by. Staff we spoke with were aware of people's individual choices and preferences and made sure these were respected and adhered to. Relatives and visitors told us there were no restrictions on the visiting times and they were free to visit as often as they wanted. One relative we spoke with told us, "I joined (person's name) for Christmas lunch here; the registered manager encouraged me to do so."

We saw people were encouraged to be as independent as possible, without compromising their safety. For example, some people had adapted cutlery in place so they were able to feed themselves without staff assistance. Staff told us how they promoted people's independence, such as giving people the opportunity to do as much of their own personal care as possible, such as washing, whilst also ensuring people's hygiene and personal care needs were met.

Good

Is the service responsive?

Our findings

At our previous inspection in May 2017, we rated this key question as Requires Improvement. This was because people were not always able to enjoy their individual hobbies and interests, and there was sometimes a lack of stimulation for people. At this inspection, we found the required improvements had been made and this key question is now rated Good.

People were able to pursue their hobbies and interests, and ways were found to help people in this regard. For example, one person had always enjoyed cycling holidays. The provider bought an exercise bike for this person, and they subsequently raised money for Children in Need by completing an exercise bike challenge. Another person supported a local football team, and the activities staff supported this person to attend matches. The person had recently been visited by a former local professional footballer after they had raised money for the footballer's charity by selling their vintage handbag collection. This had delighted the person concerned, and this was featured in the Eversleigh Care Centre's newsletter.

A third person had wanted to learn how to use a computer. The home's administrator had spent time with the person showing them some basic IT skills, and then presented the person with a certificate, which the person was very proud of.

Group activities also took place for people, such as productions. Recent events had included a Bollywood themed evening; a pantomime, and a 'Mad Hatters' tea party in conjunction with a local bank. We saw that people were asked for their suggestions and wishes as to what social and leisure opportunities were provided. One member of staff we spoke with told us, " We cater for everyone, here."

Where people chose to spend time in their bedrooms, or were cared for in bed, the provider had introduced a "butterfly moments" initiative to help prevent social isolation. People in their rooms had been asked whether they would like visitors and for staff to pop in for chats when they were passing. Where people had requested this, butterfly stickers were placed on their bedroom doors, with the idea being, "Where you see a butterfly, please pop in and say hi." People told us they liked the initiative as it meant they had more visitors and people to speak with. Staff we spoke with were all aware of the scheme and told us they always found time to visit people who had a butterfly on their bedroom door.

Relatives and health professionals told us staff were good at responding to people's changing health and wellbeing needs. One health professional we spoke with told us, "They (staff) will always involve the early intervention of a multi-disciplinary team to ensure the best outcomes for the person." Staff we spoke with were able to identify where there were current concerns about a change in a person's needs, and the action they had taken as a result. Handovers were used as a way of communicating important information about people's changing needs. A handover is a meeting between staff finishing one shift and staff starting the next.

There were people living at the home who were receiving end-of-life care. We found that there were advanced care plans in place regarding people's choices and preferences about how they wished to be

cared for at the end of their life. Staff and the registered manager told us it was about trying to make the end of people's lives as comfortable and as peaceful as possible. A health professional we spoke with told us, "As a home, they are very proactive with identifying people's future wishes, their preferred place of care and their treatment wishes." The provider told us they were respectful of relatives' wishes, such as encouraging them to be with their loved ones as they passed away. One relative had recently held the wake for their loved one at the home, which the provider told us they had been more than happy to accommodate.

People and their relatives told us they knew how to make a complaint, raise a concern or provide feedback. One person we spoke with told us, "I should have to go to the office (if they wanted to complain); somebody (staff) would take me." A relative we spoke with told us, "I'd go straight to (registered manager) or (operations manager) if I had any problems or concerns. I know they would address it as they've always involved me in (person's) care." There was a system in place for capturing and responding to complaints, comments and suggestions. We found that any complaints received had all been investigated and responded to. Complaints, comments and feedback were all used as way of learning and to further develop and improve the service provided.

Good

Is the service well-led?

Our findings

At our previous inspection in May 2017, we rated this key question as Requires Improvement. At this inspection, we found the provider had made the required improvements and this key question is now rated Good.

Since our previous inspection, there was a new registered manager in post. Staff and health professionals we spoke with told us about the positive impact the registered manager had made. One member of staff we spoke with told us, "It has been so much easier since [registered manager] has been in post. Morale is high and is going up. I love coming into work because we feel listened to." Another member of staff told us, "I am just so impressed by [registered manager]. She is very clinical, but also caring and compassionate; always comes into work smiling. Because of her, we all pull together and push each other to improve. "A health professional we spoke with described the registered manager as a "good leader", and told us they had been instrumental in making improvements to the home.

The registered manager had won a 'Manager of the Year' award at the end of 2017 through the SPACE project, which was a local initiative run by the Clinical Commissioning Group ("CCG"). The registered manager had also been asked by the CCG to train other services in tissue viability, as the home was now seen as being at the forefront of best practice in this area and had won a Patient Safety Award for pressure sore prevention and wound care. The registered manager told us how they kept up-to-date with current best practice and shared this with the staff team.

We saw throughout our inspection that people knew who the registered manager and provider were, and that people were comfortable in their presence and there was a familiarity and ease between them. Staff told us that both the registered manager and provider were very approachable and were regularly at the home in the main communal areas, rather than being based in the office. This meant that they were accessible for a chat or to discuss elements of people's support, if needed.

The provider had systems in place to monitor the quality and safety of people's care. This included a range of audits, including in key areas such as medication; wound and pressure care; call bell response times care plans and environmental safety checks. These audits were used a way of identifying any shortfalls and remedying those. For example, a call bell audit had identified a concern, which had been immediately addressed as a result. Both the registered manager and the provider spent time at the home speaking with people and relatives and to gather informal feedback, as well as carrying out observations and spot-checks of staff competencies.
The provider and registered manager told us they were working towards achieving a rating of "Outstanding" with the CQC, and that all the staff team were committed to building on the improvements already made and striving to offer the best possible service to people living at the home. They were aware of the importance of partnership working with other agencies to help them to achieve the best possible outcomes for people, and the SPACE programme they were part of was used as a way of sharing best practice with other services in the area.

The atmosphere in the home throughout the inspection was calm, but also upbeat and positive. One health professional we spoke with told us, "It's such a pleasant environment. The staff are always so friendly and helpful." A member of staff we spoke with told us, " The atmosphere has improved because we (nurses) have a deputy on each unit, which means there is time to spend with people and get to know them inside out."

Both the registered manager and the provider were very clear about their responsibilities in regard to submitting statutory notifications to the CQC. Statutory notifications inform the CQC of important incidents and accidents at the home and form an important part of our ongoing monitoring of services. Records showed they had informed us of reportable events which had occurred in the home.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating both in the home and on their website.