

Anchor Trust

# Madeleine House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 20 November 2018. At the last inspection on 05 and 07 September 2017, breaches of legal requirements were found. This was because the provider's processes were not consistently effective at identifying shortfalls when monitoring the quality of the service relating to the welfare of people.

Madeleine House is a care home registered to accommodate up to 41 people, some of which were living with dementia. The home also provides short stay interim beds (EAB) for people discharged from hospital, who may require further assessment of their care and support needs before returning to their own home or another care home. Madeleine House is a purpose-built home with bedrooms situated across two levels with lift access to the first floor. At the time of our inspection 40 people were living at the 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.

There was a registered manager in post at the time of 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.

At our previous inspection in September 2017, we had rated the service under the key questions is the service safe, effective, caring, responsive and well-led as 'requires improvement' and found they were not meeting fundamental standards. At this inspection, there had been sufficient improvements to improve the rating to 'good'.

People were protected from the risk of abuse and avoidable harm because staff knew what action to take and the provider had safeguarding systems and processes in place to keep people safe. People were supported by sufficient numbers of staff who were kind and respectful and had the knowledge they required to care for people safely. The provider's recruitment processes were robust and ensured the necessary security checks were completed to make sure persons employed by the provider were safe and appropriate to provide care and support to people living at the home. People received support from staff to take their prescribed medicines. Systems and processes were in place to ensure medicines were managed safely and

only staff who had undergone training were permitted to administer medicines.

Staff received supervision and appraisals, providing them with the appropriate support to carry out their roles.

People and their relatives were involved as much as practicably possible alongside healthcare professionals, to ensure that any decisions made in respect of their care and support needs, were done so within their best interest's and in accordance with the Mental Capacity Act 2005.

Where people were assessed to lack the capacity to consent to the support they received, the provider followed key processes to ensure the care being provided was in the least restrictive way possible. Applications had been made to safeguard people against the unlawful deprivation of their liberty, where necessary. People's privacy, dignity and independence were respected.

People were supported to maintain a healthy diet with choices of different foods available and all their health needs were met with the support from staff and healthcare professionals. Staff knew people well and people felt they received care and support from staff that had the skills to meet their needs. There was a complaints process in place and where there had been complaints, these had been addressed. Appropriate action had been taken to reduce risk of reoccurrences. People and relatives were complimentary about the management and staff.

People were relaxed and were supported by staff and the management team to maintain relationships that were important to them. There were activities that provided opportunities to optimise people's social and stimulation requirements. The home was in the process of implementing a programme of change to the environment to ensure it was more 'dementia friendly.'

People and relatives had received satisfaction questionnaires to comment on the quality of the service being delivered. Everyone spoken with told us they would not hesitate in recommending Madeleine House to others.

Systems in place to monitor and improve the quality of the service had improved to ensure people received a good and continually improving quality of service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safe with the staff that provided them with support. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people.

People were protected from infection and cross contamination because staff members were provided with sufficient personal protective equipment.

People were supported by staff to take their medicines safely and as prescribed by the GP.

### Is the service effective?

Good ●

The service was effective.

People received care and support with their consent, where possible and people's rights were protected because key processes had been followed to ensure that people were not unlawfully restricted.

People received care from staff that had the knowledge they required to do their job.

People's nutritional needs were assessed and they were supported to maintain good health because they had access to other health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that was caring, kind and respectful.

People's independence was promoted as much as possible and staff supported people to make some decisions about the care they received.

People were cared for by staff members who protected their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were offered opportunities to engage in activities or hobbies that interested them.

Some people and their relatives were involved in the planning and review of their care.

The provider had a system in place to manage complaints to ensure they were dealt with to the satisfaction of the complainant.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were systems in place to monitor and ensure continuous improvement in the delivery of care.

People and relatives were happy with the service they received and were complimentary of the management and staff members.

# Madeleine House

## **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 unannounced inspection took place on 20 November 2018. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Providers are also required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

We spoke with six people living at the home and six relatives to gather their views on the service being delivered. Some of the people living at the home were not able to speak with us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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 also spoke with the registered manager, deputy manager, district manager and five staff that included seniors, care and catering staff. We

used this information to form part of our judgement.

We sampled five people's care records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff members were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.



## Our findings

At the last inspection in September 2017 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?'. This was because staff were not routinely reporting changes in people's behaviours, suspicious or unexplained bruising. Written guidance for staff to reduce risk of avoidable harm to people was not routinely demonstrated in staff working practices. Staff deployment was not always effective to ensure staff presence was visible in communal areas. The administration and auditing of medicines had also required improvement. At this inspection, we found there had been sufficient improvement to rate this question as 'good'.

At the last inspection staff had not routinely reported unexplained bruising which meant that we could not be certain staff had always recognised that certain injuries should have been reported under the provider's safeguarding procedures. At this inspection, we found there had been improvement. People we spoke with told us they felt safe living at Madeleine House. One person said, "I am as happy as I can be as I would prefer to be at home but I feel safe here as there is always a member of staff around; they (staff) wear purple aprons for us to recognise them." A relative told us, "I am quite happy that my relative is here as the staff look after them like I would, which reassures me and I know they are safe." For people who could not tell us if they felt safe, we could see from their body language and gestures they were comfortable with the staff that supported them. The PIR stated the provider had improved their systems to ensure incidences were reviewed and 'lessons learnt'. A staff member told us, "There have been incidents between people, but we always inform the families and safeguarding." We saw from records the provider had improved systems to protect people and staff knew what action they needed to take to keep people safe. There were reportable incidents that had been correctly notified to us and to the local authority. The provider had effectively worked in partnership with agencies to ensure people were kept safe. Records we looked at showed there had been investigations completed to identify trends and action plans introduced, where appropriate, to reduce the risk of reoccurrences.

At the last inspection staff had not always consistently followed guidance in people's risk assessments. At this inspection, we found there had been an improvement. Risks to people had been assessed and reviewed within the last 12 months. Staff we spoke with were aware of the potential risks to people and gave us examples of how they kept people safe. One staff member told us, "[Person's name] can become quite agitated if there is too much noise, we know this can be a trigger for them so we try very hard to keep them in a settled and calm environment." We saw where there had been incidents between people, the provider had conducted a review of people's individual needs, reassessed their risk assessments and implemented additional checks to monitor people's behaviours to ensure they remained safe from risk of avoidable harm.



There were also systems in place to complete safety checks on the building, equipment such as hoists and firefighting equipment. Staff we spoke with were additionally aware of the potential dangers of certain fresh fruits if given to people prescribed specific medicines.

At the last inspection concerns had been raised about staffing numbers, however we found staff congregated in small groups or sat in a small office. This meant there were occasions staff were not visible in communal areas. At this inspection, we found this had improved. The small office had been moved which took away the potential for staff to congregate. This meant we saw staff in communal areas routinely interacting with people. We found on the day we visited, there were sufficient staff numbers on duty. One relative told us, "I can always find staff around when I need them." The registered manager explained the number of staff on duty had also been increased to five. All the staff we spoke with told us they felt there were sufficient numbers on duty to support people.

We looked at three staff records to check their suitability to work with people living at the home. We found staff had completed the appropriate pre-employment checks that included an up to date Disclosure and Barring Service (DBS) check prior to their employment. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

At the last inspection there were some concerns about the administration of medicines and working practices. At this inspection, we found there had been improvements made. The PIR stated the provider had introduced a 'robust' auditing system to monitor medicines. We found these processes had been effective. We had received notifications submitted to us by the provider concerning medicine errors. The incidents had been investigated and staff received updated training and their competencies reassessed. On checking medicine records and speaking with people, we found people had received their prescribed medicines safely. One person told us, "I'm on painkillers for a bad back and I get them on a regular basis through the day." A relative said, "I have no concerns over the medications my relative needs as they always get them on time." We observed a medicine administration round and found there were less interruptions, although the staff member was occasionally interrupted by other care staff members. An audit showed the medicines in stock balanced with the records and there was a process in place to ensure medicines stocks were kept secure and managed effectively. On checking medicine administration records (MAR) we found they were completed accurately and regularly audited by the deputy manager with the registered manager giving oversight. One staff member told us, "Unfortunately, we do sometimes make mistakes, but they are picked up quickly now because we have regular checks. At one time, we would be afraid to say anything if we made a mistake but now we tell [registered manager's name] and they will explain where you went wrong and what you need to do to put it right." We found medicines that were no longer required had been returned to the pharmacist. The service had recently had an audit completed by a pharmacist and no concerns had been identified.

There was a designated domestic team on site that maintained the cleanliness of the home. People and relatives were complimentary of the home environment and did not raise any concerns with us regarding infection control. However, on first entering the lounge area, that was carpeted, we noticed several the chairs were stained and in need of replacement and there was an unpleasant odour. It was explained to us the carpet had been recently deep cleaned which may have been the reason why there was an odour. The registered manager also explained the home was due to undergo a refurbishment that included the carpets and chairs throughout the home. The district manager informed us at the end of our site visit, the carpet in the lounge would be replaced as soon as possible, together with some of the old and stained chairs.



## Our findings

At our previous inspection in September 2017, we rated the provider as 'requires improvement under the key question of 'Is the service effective?' This was because decisions made in people's best interests were almost identical and not always individualised to the person's circumstances and did not always state the benefit to the person and why it was in their best interests. The dining experience for people required improvement and staff did not always follow healthcare professional's instructions. We found at this inspection, there had been sufficient improvement to rate this question as 'good'.

People, where possible, and relatives we spoke with confirmed they had been involved in discussing health and care support. A relative told us, "My relative has only been here since June and the care they are getting here is really good, my relative is smiling again." People's needs and choices were assessed when they first came to the home and we were told care was delivered in line with people's preferences. The registered manager explained assessments were only completed by the management team and this had helped to ensure people admitted into the home could have their care and support needs effectively met.

We found people were supported by staff that had the skills and knowledge to meet their needs. One person said, "The care staff are excellent, they work very hard." A relative told us, "I have never seen staff lose their patience with people that live here and I appreciate how good the staff are doing this difficult job. Everyone looks calm and happy here." We could see from the reactions on people's faces they felt secure with staff and we could see from how the staff supported people that they understood how to care for them. Staff spoke positively of the training they received. One member of staff said, "We have regular training, it's good." Training records we looked at showed staff were up-to-date with their training requirements. Newly appointed staff were supported to complete the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.

We saw there was a system in place to monitor all staff training to ensure refresher training was completed. Staff we spoke with told us they received support from the management team with regular supervision meetings where they were given the opportunity to discuss any issues. A staff member said, "We do have supervision where we can talk about things that might be worrying us but I wouldn't wait until then, if I'm worried about anyone or not sure, I'd talk to the senior or manager straight away."

At the last inspection there was some improvement required to the meal time experience because staff did not always support people effectively to eat their meals. At this inspection, there had been an improvement. People we spoke with told us, overall, they enjoyed the food. One person said, "Sometimes the food is good

and sometimes it is not." Another person told us, "The food is excellent. If I don't fancy the food choice, then I will ask for beans on toast and the staff will do that for me." We saw that people were being supported to make choices for breakfast and lunch. The staff took two plates of food to each person and showed them, for example, what was for lunch and asked the person which they would prefer. We saw that people then pointed to their preferred choice. We noted the staff when showing the plate of sandwiches, did not say what the fillings were. We also noted staff did not inform people what the flavour of the soup was when offered to people at lunch time. However, this did not detract from people's mealtime experiences with people that chose to have the soup, eating it. We saw there was plenty of staff that sat with people, with required, and encouraged the person to eat. Care plans we looked at showed people's nutritional needs and preferences were assessed and where appropriate, referrals had been made to healthcare agencies. People who had been assessed at risk of losing weight were monitored regularly and their food was enriched with high calorie extras such as double cream or food supplements. We saw that people had access to hot and cold drinks throughout the day and there were 'snack stations' available within the lounge and reception areas of the home for people to choose from when they wanted.

People we spoke with told us they were regularly seen by health care professionals, for example, the GP, community nurses, optician, podiatrist or dentist. Relatives we spoke with had no concerns about their family member's health needs. We saw that healthcare professionals visited the home to ensure people were supported to maintain their health and wellbeing. One visiting professional told us staff were knowledgeable about the person they had come to see and was able to explain to them any issues concerning the person's care.

The registered manager shared with us the provider's plans to refurbish, upgrade and redevelop parts of the home environment to ensure it was more dementia friendly. The PIR stated the provider is currently training staff to become dementia champions to ensure good care practice. There were also improvement plans for several areas in the home, in consultation with the residents that included themed areas such as bar, post office, shop and street themes. We saw work had already started within the home to develop 'streets' in the corridors. We saw that people had been involved in choosing the colour and design of their own front door. Areas of the lounge were being developed into a 'bar area' that would be designed for people to relax and drink refreshments of their choice. Staff members were visibly excited at being 'dementia champions' and explained to us what they had done to become involved and how their contribution was making the home more dementia friendly. We saw another part of the lounge area was in the process of becoming a 'post office shop'. The registered manager told us they had already identified people who had expressed an interest in helping to operate it. There were age appropriate pictures along the corridors and lounge chairs and bookcases available for people to relax and read from. Each bedroom had a small shelf area outside their door, that contained belongings important to the person, for example, photographs and ornaments that would help the person identify their room.

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. At the last inspection, there was some improvement required to the decisions being made in people's best interests. At this inspection we found there had been improvement because decisions were written to people's individual needs. We saw that people were encouraged to make some decisions for themselves for example, a choice of drinks, snacks and meals. We found that staff sought consent before supporting people with their care needs and respected people's choices.

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). Appropriate applications had been submitted and at the time of our inspection the provider had acted in accordance with the law. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported as much as practicably possible to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The provider's policies and systems supported this practice.



## Our findings

At our previous inspection in September 2017, we rated the provider as 'requires improvement' under the key question 'Is the service caring?' This was because staff missed opportunities to interact with people and people's dignity was not always maintained. At this inspection we found there had been sufficient improvement to rate this question as 'good'.

People and relatives we spoke with told us that staff were kind and caring to them. One person said, "The staff are really caring, I can always have a laugh and joke with them." A relative told us "The staff treat everyone with respect and dignity. The carers are very approachable and kind. I would recommend this home as all the staff including the support staff are really great and caring." A visitor to the home explained they always found the care staff approachable and had only ever seen positive and caring interactions between staff and people living at the home. We saw that interactions between staff and people were respectful. People were supported by staff that had got to know them and this had enabled people to build positive relationships with them. Staff told us they enjoyed working at the home and spending time with the people who lived there. One staff member said, "I love the people and I love my job."

People we spoke with told us they were involved in day to day decisions about how and where they spent their time. We saw staff asked people if they wanted newspapers to read or wanted to be elsewhere in the home or out in the garden. There were areas throughout the home where people could choose to relax, for example, at the end of corridors there were comfy chairs, the lounge and dining areas, in the garden or quiet time on their own in their rooms. All of the people living in the home resided in individual bedrooms with en-suite facilities which gave them privacy. Everyone we spoke with told us they could contact friends and family when they wished. A relative told us, "There are no restrictions on when we can come and visit our relative." People were encouraged to be independent. For example, we saw one person helped to lay the tables for lunch and another person told us they like to make their own bed. Staff gave examples how they encouraged people with their independence. We saw that people were supported to go shopping in the local area, were visited by family and friends and had opportunities to attend local community events. We saw that people were actively encouraged to be independently mobile around the home and had their walking frames close by to support them to walk.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. People told us that staff treated them with dignity and were respectful of their cultural and spiritual needs. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff we spoke with described how they promoted and maintained people's dignity. People were supported to make sure they were appropriately dressed and that their clothing was arranged to maintain their dignity. We saw that people were comfortable in the presence of staff that were friendly and demonstrated a clear affection for people. People approached staff for comfort or reassurance and staff responded by giving people verbal reassurances and hugs. For example, we saw one person had become anxious and distressed. A staff member slowly approached the person, giving them verbal reassurances and listening to the person. This approach comforted the person and they became more relaxed.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. We found that people were given choices and, where appropriate, were asked if they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and if they wished to take part in religious ceremonies or celebrations. The provider told us they created an inclusive environment and people were encouraged to be open and comfortable within a safe and supportive environment.



## Our findings

At our previous inspection in September 2017, we rated the provider as 'requires improvement' under the key question 'Is the service responsive?' This was because the initial assessments made before people moved into the home were not always effectively completed. People and relatives did not always feel involved in the planning of their care and support and there was no process in place to monitor for trends in the event of complaints being raised. At this inspection we found there had been sufficient improvement to rate this question as 'good'.

At the last inspection improvement was required to the initial assessment of people's needs prior to them being admitted to the home. The PIR stated that the registered and deputy managers completed all assessments before people moved into the home. We found this statement to be an accurate reflection and ensured, at the time of the assessment, people's needs could be met by the home. People, where possible, and relatives we spoke with explained they had discussed their care and support. One relative told us, "We knew what we were looking for and when we came here and knew that this was the right place." We sampled five care plans and found they contained personalised information. For example, people's likes, dislikes, hobbies and interests. Conversations with staff showed they knew people well and how to support them with the care needs.

We found that care plans were reviewed regularly and could see there had been some involvement, where possible, with people and their family members. One relative told us, "Any concerns over [person's name] health and the home contacts us straightaway." We found that when there were changes to a person's health this had been identified and recorded in the care plans and showed the involvement of health care professionals when needed. Staff we spoke with could give examples of personalised care and how they managed difficult situations. For example, when people became upset and angry. All the staff we spoke with told us that they received updates in changes in people's needs in handovers between staff at shift changes and would also read people's care plans.

The registered manager explained the activity provision had recently changed in the home following the providers introduction of 'Anchor active'. This was a whole team approach to activities. It was the responsibility of all staff to support people with their interests, hobbies and activities. A staff member explained the training they were in the process of completing that would support people to complete chair based exercises to help keep them mobile. During our visit, we saw a range of different activities taking place. Some people were reading the provider's newsletter, others were reading newspapers, one person was taking comfort from holding and cuddling their doll and some people were relaxing in the garden. We

saw people were encouraged to sing, although we noted that the television and radio were playing at the same time and the environment was noisy which can cause upset for some people living with dementia. One person told us, "It can get a bit noisy in here (lounge area)." Another person said, "I would like more activities but I get the paper every day and do the crosswords to keep my brain active." A staff member explained not everyone enjoyed the activities that were offered at the home but 'they did their best' to encourage people to take part.

People and relatives we spoke with told us they knew how to make a complaint if they needed to. The PIR stated there had been a small number of complaints raised with the registered manager. We review the provider's processes and found the complaints had been investigated and resolved to the complainants' satisfaction. The provider's processes recorded outcomes and monitored for trends to help reduce the risk of reoccurrences. We saw the complaints procedure was displayed within the home.

The care plans we looked at reflected people's wishes for their end of life (EOL) care including spiritual support and family involvement. One care plan we looked at was clear the person did not want religious involvement and just wanted their family close by. A relative told us, "I have discussed my relative's end of life wishes with [registered manager's name] and we had a lovely chat about what would happen and what needed to be organised and I am pleased with the support [registered manager's name] gave me through this process." We saw the provider had taken appropriate action for one person to ensure, in the event of their condition worsening, they had access to anticipatory medicines that would allow them to have a dignified and pain free death.

The Accessible Information Standard requires the provider to ensure information about people's communication needs is in a format which they can access and understand to receive support if needed. The PIR stated the service used 'flash cards' for people to use and talking books and newspapers were made available for people if required. We asked the registered manager how they ensured people's communication needs were addressed. They told us they would identify any aids and adaptations or equipment needed on pre-admission so that the residents' needs were met as required. They also confirmed the provider could produce documents in large print, audio, Braille and in different languages when required.





## Our findings

At our inspection in September 2017, we rated the service under the key question is the service well-led as 'requires improvement' and was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because medicine management processes required improvement. The deployment of staff required improvement to ensure people's needs were consistently met in a timely manner. The provider's processes had not identified that staff had not always followed the safeguarding procedures. The provider's processes had not identified that activities offered to people were not always suitable for those living with dementia. We asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good and to meet this breach. At this inspection, we found there had been sufficient improvement to meet the conditions of the breach and rate this question as 'good.'

The process to monitor the management and administration of medicines had improved. The provider's action plan stated the management team closely monitored and audited medicines on a weekly basis, with daily checks made on controlled drugs. A staff member told us, "We (staff) have worked really hard to make changes to improve the home, the environment and all the care for people." Another staff member said, "It is a lot better now, [registered manager's name] is an excellent manager and they make sure things get done." We had raised with the senior one issue concerning the concealment of medicine in a person's food. We could not see there had been involvement from a pharmacist. This was acted upon on the day and the pharmacist confirmed it was safe to administer the medicine in this way. The senior staff member said they would ensure any future medications that were to be given in people's food or drinks would be discussed with the pharmacist beforehand to check it was safe to do so.

It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us about certain events. We had been notified about significant events by the provider. It is also a legal requirement for a registered manager to be in place. The provider had met their registration conditions because there was a registered manager in post at the time of our inspection.

People and relatives we spoke with were complimentary about the quality of the service. We found the atmosphere of the home to be calm and relaxed. People and relatives we spoke with all said they would recommend the home. One person told us, "I love living here, I had stopped looking after myself and my daughter found this place for me, it's great, spot on. I have a lovely room and I am really happy being here. My relatives can come and see me whenever they want to." People and relatives knew who the manager was and told us they found them to be approachable and helpful. Staff we spoke with told us there had

been an improvement in the management of the home since our last inspection. One staff member said, "[Registered manager's name] is a good manager, some staff have struggled with the changes but they have been for the best, I think we've improved, we have tried very hard."

People and relatives we spoke with said they were asked to provide feedback about the quality of the service. One relative told us, "Communication with the management is getting better, I went to the quarterly meeting last Wednesday and there were approximately nine relatives there. It is always nice for us to air issues with the management." Another relative said, "I feel that the management and I have worked as a partnership to ensure my relative is well cared for." The PIR stated the provider conducts annual surveys with people living at the home, relatives and staff. The provider also has 'review cards' that can be completed and submitted to an external and independent review site on the internet. We saw there had been six reviews since our last inspection scoring the home an average of 4.8 out of five. The provider's own survey had scored the home 889 out of 1000 an increase from the previous year.

The provider had a whistle-blowing policy that provided the contact details for the relevant external organisations for example, CQC. Staff told us they had no concerns about raising issues with the provider or management team and if necessary, external agencies such as the police, the local authority or CQC. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

The registered manager explained how they worked in partnership with other organisations to provide effective outcomes for people they supported. For example, a new initiative had been introduced into the home involving the local nursery where children would visit the home and spend time with people. The registered manager said people had said how much they enjoyed meeting and spending time with the children. We also saw the service worked with health and social care professionals, when needed, to support people's health needs.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they operated in an open and transparent way and we saw evidence of how they reflected this within their practice. The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to show the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences to identify how the service could be improved.