

Weldglobe Limited

# St Georges Care Home

## Inspection report

St Georges Road  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

St Georges Care Home is a residential care home registered to provide support to 35 people, some of whom were living with dementia. At the time of inspection there were 30 people using the service.

At the last inspection on 19 January 2017 the service was rated Requires Improvement overall. The service was breaching Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provided us with an action plan stating how they intended to improve in this area. At this inspection we found that the service had failed to make sufficient improvements to comply with this regulation. The service remains 'Requires Improvement' overall.

There was a registered manager at the service. 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.

Risks to people were not always identified and clear plans to mitigate risks were not in place for all the people whose records we reviewed. The registered manager and care staff did not always recognise risks in the environment, such as items which could cause potential harm. Care planning did not always make it clear how care should be delivered to ensure people's safety.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care planning around nutrition and hydration was not consistently clear about the support people required. The service did not follow NICE guidance around the assessment of nutrition and the actions required when people were assessed as at risk of malnutrition. NICE guidance is publically available and provides the reader with up to date information about best practice in providing care to people.

People and/or their representatives were not consistently involved in the planning of care. People told us they didn't think they had been involved in creating their care plans and the records we reviewed did not reflect people's views and preferences.

People's records were not sufficiently personalised to include information about their likes, dislikes, hobbies and interests. Where people were living with dementia, there were not sufficient life histories in place. Care plans did not set out peoples preferences around how they would like their care delivered. This meant that staff did not have the information needed to deliver personalised care.

Sufficient end of life care plans were not in place. The service had not referred to NICE guidance and the

Gold Standards Framework to create care plans that set out people's wishes and needs in sufficient detail.

Whilst some work was being carried out to replace carpeting in some areas, the carpets in other areas remained heavily stained and required replacement.

Whilst the service had implemented some new audit systems and processes since our previous inspection, progress to comply with regulations remained slow. The service has been rated 'Requires Improvement' since 30 April 2015. At this inspection the service remains 'Requires Improvement' and in breach of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not carry out robust, thorough and questioning audits of the service capable of identifying areas for improvement. The provider had not ensured that appropriate support was given to the registered manager to make the required improvements to the service. This meant that people continued to receive care which fell below the expected standard.

People and their relatives told us they felt their relative was safe living in the service and that staff made people feel safe. Medicines were stored, managed and administered safely.

People and their relatives told us there were enough suitably knowledgeable staff to provide people with the care they required promptly. Staff were satisfied with the quality and range of training available to them. There were safe recruitment procedures in place.

Staff received appropriate supervision which helped them develop in their role.

People and their relatives told us staff were kind to people and respected their right to privacy. People told us staff supported them to remain independent and our observations supported this.

People we spoke with said they were encouraged to feed back on the service and participate in meetings to shape the future of the service.

We observed that people were supported to access meaningful activities and follow their individual interests. People we spoke with were complimentary about the availability of activity and stimulation.

The home was decorated in a way which helped people living with dementia find their way to key areas such as the bathroom and their bedroom. The walls in the home were adorned with colourful paintings and murals which were stimulating to the eye. Ample sources of engagement were available around the home for people to access independently.

The registered manager created a culture of openness and transparency within the service. Staff told us that the registered manager was visible and led by example. Our observations supported this. People told us they knew how to complain and felt they would be listened to.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people were not consistently identified, acted on and management plans put in place.

Staff and the Registered Manager did not always identify risks in the environment.

Care plans did not always contain enough information for staff to provide safe care to people.

There were enough staff to provide care to people when they needed it

Medicines were administered and managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The service did not ensure that people's care was planned in line with best practice guidance.

Care planning did not set out what support people required with eating and drinking in sufficient detail.

Staff had the appropriate training and support in their role.

The service was meeting the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

### Is the service caring?

**Good** ●

The service was caring.

Staff interacted with people in a caring way and knew people well.

Staff respected people's privacy and upheld their dignity.

Some improvements were required to ensure that care records

reflected people's views on their care.

### Is the service responsive?

The service was not consistently responsive.

People's care plans were not sufficiently personalised.

The service did not have in place sufficiently detailed end of life care plans for people.

People had access to activity and stimulation.

People knew how to make complaints and there was an appropriate procedure in place for handling complaints.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led.

The service had failed to make the required improvements to comply with regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager did not have effective oversight of the service and drive improvement. As a result the service has been rated 'Requires Improvement' since 2015.

**Inadequate** 

# St Georges Care Home

## **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 checked 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 comprehensive inspection was carried out by one inspector and an Expert by Experience on 6 February 2018 and was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection.

We spoke with three people using the service, two relatives, three care staff and the registered manager.

We reviewed six care records, three staff personnel files and records relating to the management of the service.

# Is the service safe?

## Our findings

At our last inspection on 19 January 2017 we rated the service 'Requires Improvement' in this key question. At this inspection the service remains 'Requires Improvement' in this area.

The service did not consistently identify all the risks to people and put in place management plans to reduce this risk. For example, in the records of one person it stated that they sometimes choked on food. This person's risk of choking had not been assessed and a clear care plan put in place to instruct staff on the actions they should take to reduce the risk of the person choking.

In all six of the care records we reviewed, we saw that there was an initial assessment of people's risk of developing a pressure ulcer. An attached review sheet stated the records had been reviewed. However, it was not clear what these reviews entailed and how they ensured care planning remained accurate. Some people's needs had changed and whilst the review sheet stated their records had been reviewed, the new information had not been included. The pressure ulcer assessment for people whose records we reviewed had not been repeated with the risk score recalculated. This meant it was unclear how the service would identify if the risks to people were increasing. In addition, the service did not follow the guidance accompanying the assessment which specifies what action should be taken based on the level of risk indicated in the assessment.

There were care plans in place for some people around pressure care. We were told one person required repositioning by staff as they were unable to independently reposition. However, their care plan didn't state the frequency at which they required repositioning and staff could not tell us this information. This meant we were not assured that appropriate action was consistently taken to protect the person from developing a pressure ulcer.

There were no clear plans in place to advise staff on how to understand, prevent and manage behaviour that the service found challenging. For example, the records for one person stated that they sometimes hit out at staff during personal care. There was no information for staff around how staff could manage these situations, such as stopping the care at that time and trying again later. Care records did not state any known triggers for when people may become upset or distressed.

Risks in the environment had not been independently identified by staff or the registered manager. We saw that there was an oil radiator in one person's room which presented the risk of the person sustaining a burn if they touched it or fell on it.

We found that there were wardrobes and other large pieces of furniture in people's bedrooms which were not secured to the walls. Risk assessments had not been carried out to assess whether people were at risk of these items falling on them and causing harm.

There was a hole in the door of one person's bedroom where a lock had been removed. This compromised its effectiveness in preventing the spread of fire throughout the building. This had not been independently

identified as a risk by staff or the registered manager. However, once we told the registered manager about the risk they ensured this was rectified by the end of our inspection.

Some areas of the service were cold and this had not been identified by staff or the registered manager. Whilst the thermostat was set to 23 degree's, areas of the service such as the conservatory were not kept at an ambient temperature. Following our visit, a relative of one person contacted us to complain about the temperature in both communal areas and bedrooms in the service. They stated they had raised this with the registered manager but felt it had not been acted on. We discussed this with the registered manager who told us they were actively looking into solutions to alleviate the relatives concerns about people being cold.

This was a breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service took steps to ensure people were protected from avoidable harm and abuse. There were systems, processes and practices in place to safeguard people. People told us they felt safe in the service. One said, "Yes I do feel safe. My [relative] couldn't keep coming to my home to see if I was alright so I came in here and I'm happy. My [relative] comes here most evenings after work." Another person told us, "Yes. The problem for me is my legs don't work and the staff have to give me a lot of help. I have to say the staff are gentle and careful." A relative commented, "My [relative] is very happy living here."

People told us and we observed that there were enough staff to meet people's needs. One person said, "Yes [enough staff]. I don't wait long if I need anything." Another person told us, "Oh yes. They [staff] help me get up and come down for breakfast. When I'm ready for bed, they help me then. The staff are great here." A relative said, "Yes I think [there are enough staff.] Some staff have been ill but the others have worked very hard. The staff are as good as gold." Another relative commented, "I have pressed the buzzer accidentally before and the staff came very quickly, probably in just a minute." Staff told us that the staffing level was appropriate to the needs of the people using the service. The registered manager used a dependency tool to calculate the number of staff required to meet people's needs. Sufficient staff were deployed to support people to stay safe and meet their needs.

Medicines were stored, managed and administered safely. People told us they received their medicines when they needed them. One person said, "I suffer from a horrid thing and have to have so many tablets. The staff look after all that and they're careful with what I eat and drink." Another person told us, "The staff come round with your tablets." One person's relative commented, "Yes the staff are on top of that. They [staff] bring in her [medication] and always wait while it's being taken." We audited medicines against the records on Medicines Administration Records (MAR) and found no anomalies in these records. This reassured us that people were receiving their medicines in line with the instructions of the prescriber.

The majority of the environment appeared hygienically clean and the service was free of unpleasant odours. Whilst carpeting in some areas had been replaced, the carpeting in other areas remained stained and in need of either thorough cleaning or replacement. The service had dedicated domestic staff and it was clear what duties they were expected to complete and what duties were expected of care staff. An audit of cleanliness and infection control was carried out to limit the risk of the spread of infection. We observed that staff wore appropriate protective aprons and gloves when providing personal care which were discarded between tasks. There were appropriate hand washing facilities available to staff and antibacterial hand gel was available throughout the service. Staff involved in the preparation of meals had food hygiene training and wore appropriate garments such as aprons and hats in the kitchen when preparing food. The service received a rating of five at a food standards agency inspection in October 2017.



The service had a member of maintenance staff who carried out regular checks on water temperatures, window restrictors, call bell systems and gas appliances. The maintenance person also carried out regular flushes of the water system to ensure the risk of legionella was reduced. The service had a legionella policy in place and an external company carried out regular testing on the water quality at the service.

The service conducted regular tests of the fire detection systems and on fire doors and extinguishers. Checks were also carried out regularly by an external company on the fire systems in the service.

Large equipment such as hoists and stand aids were serviced by an external company annually. The service's maintenance person performed regular maintenance checks on items such as wheelchairs and walking frames to ensure they remained fit for purpose.

## Is the service effective?

### Our findings

At our last inspection on 19 January 2017 we rated the service 'requires improvement' in this key question. At this inspection, the service remains 'requires improvement' in this key question.

The service did not refer to evidence based guidance around best practice when assessing and planning people's care. For example, when people were assessed as at risk of developing a pressure ulcer, the service did not follow National Institute for Health and Clinical Excellence (NICE) guidelines to advise them on how to reduce the risk to the person and provide them with effective pressure relieving support.

The service did not have adequate care planning in place around reducing the risks of malnutrition or dehydration. For example, the nutrition care plan for one person stated they required high calorie snacks. However, it didn't state how frequently staff should offer these or what these snacks were. The person was unable to verbally communicate and there were no food preferences recorded for the person, so it was unclear how staff could support them to eat foods they liked. For three other people at risk of malnutrition there was no clear care planning around how the service was managing this risk and encouraging them to reach and maintain a healthy weight. Staff we spoke with were not aware of any measures in place and that they should have been offering fortified snacks to the people at risk. Malnutrition assessments for people had not been repeated and the risk re-scored in line with best practice guidance. This meant it was unclear how the service would be able to identify if the person's risk of malnutrition was increasing.

Fluid care plans in place for people were generic, brief and did not state the target intake for the person based on their individual needs. These care plans did not include information for staff on identifying the signs and symptoms of dehydration. There was no system to check fluid charts and identify if people were not drinking enough, so it was unclear how prompt action could be taken where someone was at risk of becoming dehydrated.

This was a breach of Regulation 14: Meeting Nutritional and Hydration Needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff had received training and mentoring in the principles of the MCA and DoLS. They were able to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. We observed that staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions and consent to care.

People told us that the staff had the training and knowledge required to care for them, our observations supported this. One person said, "Oh yes they [staff] know what they're doing." Another person told us, "I think the staff know what they're doing, definitely." One other person commented, "Yes I think they're trained well enough." A relative also told us, "Yes I do think [staff] know what they're doing." Staff told us that they felt they received appropriate training for the role. They told us that the training was of good quality and that they were provided with face to face training which they preferred. We looked at the service's training matrix and this demonstrated that all staff were up to date with the services mandatory training. This included training in dementia, food hygiene, moving and handling, health and safety, fire safety and first aid. Staff told us there were opportunities for development within their role and they felt able to request further training if they required it. Records demonstrated that staff received appropriate supervision. Staff told us they found these sessions useful and discussed training needs and development in these sessions.

People told us the food they were provided with was good quality. One said, "Oh the food's lovely. You can't fault anything. You can ask for something else other than the choice at lunchtime but I'm usually happy with what's on. You can have as much tea as you like." Another person told us, "They [staff] come round and ask us what we want for the next day. We get a choice of meal. My favourite is cheese and potato pie which is what we're having today. We get tea or coffee and biscuits come round." One other person commented, "The food's very good. We get a good choice. You can't fault it – none of it." We observed that people were given a choice of meals. Those who could not verbally communicate a choice were shown the different options so they could make a visual choice. We observed that the meal time was a positive one and people were given the support they required to eat in a dignified way. Improvements had been made to how the meal time was organised and to improve the atmosphere.

People told us they were supported to maintain good health and have contact with other health professionals such as GP's. One person said, "Oh yes. With my epilepsy I see [GP] quite a bit. The doctor comes in regularly but if I needed to see them the staff just organise it." Another person told us, "The staff do call the doctor if needed and the chiropodist comes." Clear records were kept of the contact people had with other health professionals and the outcome of this contact.

Care was taken to ensure the environment and décor of the building was suitable for those living in the service. Appropriate pictorial signage was in place to guide people living with dementia to rooms such as bathrooms and toilets. Bedroom doors were personalised with people's names and things they liked which helped people identify which room was theirs. Corridors were adorned with brightly coloured murals which were stimulating to the eye and meant each corridor was clearly distinguishable from the other. People were consulted about the decoration of the service and people's comments were acted on. For example, the service had recently replaced flooring and updated the décor in parts of the home and consulted with people on this. There were sources of engagement in all the communal areas which people could access independently. We saw that there was a garden available for people to use which was accessible for people using mobility equipment.

## Is the service caring?

### Our findings

At our last inspection on 19 January 2017 we rated the service 'good' in this key question. At this inspection the rating in this key question remains 'good'.

Whilst people and their relatives told us they were happy with the care they received, people's care plans did not consistently reflect their involvement or their preferences around how their care should be delivered. We recommend that the service reviews people's care plans to ensure their views and preferences are reflected.

People told us that staff were kind and caring towards them and this confirmed our observations. One said, "The staff are lovely. They reassure me, they're so kind and caring." Another person commented, "Yes I'm treated kindly." One person's relative told us, "No hesitation, yes the staff are very good. Kind and caring people." Another said, "The staff are caring, kind and respectful."

We observed that staff communicated with people in a friendly and thoughtful manner, talking to them about their specific interests. Staff made an effort to spend time with people one to one and told us that the staffing level allowed for them to do so. It was clear from our observations that staff knew people well and people told us they felt staff knew them personally. One said, "I feel they know me well and I know them all now."

Relatives told us and we observed that people's privacy was respected by staff. One relative said, "When I come they bring [relative] into the dining room here and we can then sit quietly together. There's lots of respect here." Another commented "We generally spend time with [relative] here in [relatives] room. The staff leave us to have time together."

People were encouraged by staff to remain as independent as possible and use the skills they still had. Care records made clear what tasks people needed support with and what they could do for themselves. Staff we spoke with demonstrated to us that they understood how to support people to remain independent and the importance of this.

## Is the service responsive?

### Our findings

At our last inspection on 19 January 2017 we rated the service 'Good' in this key question. At this inspection we found the service needs to make further improvements and is now 'Requires Improvement' in this area.

People's care records remained insufficiently personalised. There was insufficient information available about people's hobbies, interests, likes and dislikes. For example, people's care plans would state they enjoyed music or watching television. However, they did not state what type of music or what television programmes they enjoyed watching. Care plans did not always include sufficient information about people's preferences around how their care should be delivered. For example, records didn't state if people liked to wear makeup, how they liked their hair styled, their preference for bath or shower or the personal care products they preferred. This was particularly important for a number of people with limited verbal communication or more advanced dementia who may not be able to communicate their preferences to staff. This was highlighted at our last inspection on 19 January 2017. We saw that the service was in the process of creating posters to go in people's bedrooms which listed some preferences, likes and dislikes. However, these had not yet been implemented and in isolation still did not provide enough information for staff to provide personalised care.

There were not sufficiently detailed life histories in place for all people living with dementia. This information would enable staff to better understand people living with dementia who may not be able to recall this information. It would also enable staff to talk to people, especially those with limited verbal communication, about their past.

Where people lacked the ability to communicate their views, feelings and needs verbally, there was insufficient information available for staff about other ways they may communicate. For example, the care plan for one person stated they would communicate via facial expression. However, it did not specify what certain facial expressions the person may display and what these may mean. This meant that staff may not always be responsive to the persons needs and may not recognise when they were in pain or needed support to be comfortable.

Whilst current care staff knew people well, the service was recruiting new staff who would not have this knowledge and would rely on care records for this information.

There were no sufficiently detailed end of life care plans in place which reflected publically available best practice guidance such as National Institute for Health and Clinical Excellence (NICE) guidance or the gold standards framework. The care plans that were in place reflected some preferences such as who the person would like to be contacted in the event of their death and their funeral arrangements. However, these care plans did not explore where the person would like to be cared for at the end of their life which could limit unnecessary hospital admissions.

This was a breach of Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had access to appropriate sources of meaningful engagement. One person said, "I enjoy the music and the singing and I used to like to dance but it is difficult now. Do you see the garden out there; we get out there and grow vegetables. We grew runner beans last year." Another person told us, "I generally sing along with the music. I spend a lot of time in the lounge and things go on in there." The service had an activities coordinator who was knowledgeable about providing suitably stimulating activities for people. They told us that they organised group activities but also spent time with people one to one if that was their preference. On the day of our inspection the service had arranged for someone to come and sing to people. We observed that people joined in with singing the songs and seemed to enjoy the activity. In the afternoon, we observed the member of activities staff supporting people to make butter.

People told us that staff knew them well. One said, "Oh yes I think the staff know me very well and know what I like." Another person told us, "Certainly, the staff know me well. The cook's ever so good too." One other person commented, "Course they know all about me." A relative told us, "The staff know [relative] very well." This was supported by our observations and speaking with staff about people's needs.

At the time of our inspection the service had not received any complaints. However, there was a complaints procedure in place which was displayed in a communal area. People told us they knew how to make a complaint. One said, "I'd talk to the boss or my [relative]." A relative of one person told us, "I would speak to the Senior Carer or to the Manager depending on the issue."

# Is the service well-led?

## Our findings

At our last inspection on 19 January 2017 we rated the service 'Requires Improvement' in this key question. At this inspection we identified concerns about the lack of progress the service has made to improve following previous inspections. The service is now rated 'Inadequate' in this key question.

At an inspection on 30 April 2015 the service was rated 'Requires Improvement' overall and was found to be in breach of four regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns about the way the service was being managed, the Mental Capacity Act procedures in the service and found that the service was not submitting notifications where these were required by law. We told the service to make improvements and they submitted an action plan stating how they would comply with the regulations.

At an inspection on 13 and 21 July 2016 we found that the service had failed to make improvements in the areas previously identified and that there were further areas where improvements were required. The service was found to be breaching five regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified concerns about the way the service was being managed, the number of staff, how people were supported to uphold their dignity and respect and how the service ensured people received personalised care. The service was rated 'Requires Improvement' overall and we issued a warning notice to ensure that the service made the required improvements.

At an inspection on 19 January 2017 we found that improvements had been made to comply with four of the five regulations that were breached previously. The service still needed to make further improvements to comply with Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We recommended further improvements be made in the Safe, Effective and Well-Led domains. The service was rated 'Requires Improvement' overall.

At this inspection we found that the management of the service had been unable to sustain the improvements made to comply with previously breached regulations. They had also failed to make the further improvements we recommended at the last inspection in the Safe, Effective and Well-Led domains. The service is now in breach of Regulations 9, 12, 14 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements are required to the management of the service; the safety of the service, how people's nutrition is managed and how the service ensures people are receive personalised care.

The service has been rated 'Requires Improvement' since 30 April 2015. The service has been unable to make and sustain improvements to comply with Regulations and to reach a rating of 'Good'. This demonstrates that the systems in place to monitor the quality of the service and drive improvement are ineffective. The registered manager told us the provider visited the service once per month and carried out an audit. We reviewed the last audit completed and found that this was not thorough or questioning enough to identify all the issues we found at our inspection. The provider had not taken action to ensure that improvements were made since 30 April 2015 and to ensure the performance of the management team in

their duties. This meant that people have continued to receive care that does not meet the standards expected.

The service had received support from agencies such as Suffolk County Council but this guidance had not been used to improve the service. The manager had not accessed publically available best practice guidance to guide them in areas such as effective care planning and assessment and management of risks.

People we spoke with and their relatives were unaware of the improvements the service needed to make which demonstrated to us that they had not been involved in discussions about how the required improvements would be made. Formal meetings with staff had not been held and staff told us they had not been involved in discussions about how the service would make improvements.

This was a breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were given the opportunity to participate in surveys of their views once a year and were invited to meetings to discuss their views on the service. We saw that people used these meetings to suggest meals they would like, ideas for activities and trips outside of the service they would like to take. People had been consulted about changes to the décor and their views had been taken into account when the work was undertaken. People told us they felt able to speak to the registered manager and knew them well. One said, "[Manager] is lovely. Yes we often have a chat." Another person told us, "[Registered manager] is great and often chats. She's very good." A relative commented, "The manager is very good - excellent. Always approachable and will help you with anything." Staff told us that they felt confident in raising concerns with the manager and felt that they would be listened to. They told us that the manager was supportive of them both personally and professionally.

We observed that the manager was visible in the service, and this was confirmed by what staff and people using the service told us. It was clear the manager knew people personally and they had conversations with people about their individual interests. The manager took an active role in supporting the staff with care tasks and led by example.