

Runwood Homes Limited

Jubilee Court

Inspection report

Nabbs Lane
Hucknall
Nottingham
Nottinghamshire
NG15 6HB

Tel: 01159834630

Website: www.runwoodhomes.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 4 & 6 January 2017 and was unannounced. Jubilee Court provides accommodation, personal care and nursing care for up to 75 people. People had a variety of needs associated with dementia or physical health needs. The home has four units, three of which provide residential care. The fourth unit had recently changed to providing a nursing service. On the day of our inspection 58 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and staff knew how to protect people from the risk of abuse. Risks to people's safety, such as the risk of falling, were appropriately assessed and well managed. The building was well maintained and the required safety checks were carried out.

There were sufficient numbers of suitable staff although they were not always effectively deployed. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

People were cared for effectively by staff who felt well supported and received training that enabled them to provide effective care. People were asked to provide consent to the care they received. The Mental Capacity Act (2005) (MCA) was used appropriately to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink and people told us they enjoyed the food provided. Staff ensured that people had access to the healthcare professionals they required and followed any guidance that was provided by them.

There were positive and caring relationships between staff and people and staff showed an in depth understanding of the people they cared for. People and their relatives were able to be fully involved in planning their care and making day to day decisions about what they wanted to do. People were treated in a dignified and respectful manner by staff and their right to privacy was upheld.

People received care that was responsive to their changing needs and staff knew people well. Care plans gave a detailed description of people's care needs and were regularly reviewed and updated. Some care plans contained contradictory information, however this was rectified during our inspection. There was a range of activities provided and people told us they enjoyed taking part. People knew how to complain and any complaints received were appropriately responded to.

There was a positive, open and transparent culture in the home, people and staff were encouraged to speak up and their comments were listened to. There were different ways people could provide feedback about the service they received, such as a satisfaction survey and regular meetings. The quality monitoring systems used by the registered manager and provider ensured that any areas for improvement were identified and acted upon.

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 received the support required to keep them safe and risks to their health and safety were appropriately managed.

There were sufficient numbers of staff to meet people's needs although they were not always effectively deployed.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who felt well supported and received relevant training.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare appointments.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships between people and staff.

People were able to be fully involved in making decisions about their care.

Staff treated people with dignity and respect. People's right to privacy was upheld.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was

responsive to their changing needs. People's care plans were kept under regular review and updated when required.

There was a wide range of activities available which people enjoyed.

People felt able to complain and complaints were responded to appropriately.

Is the service well-led?

The service was well led.

There was an open and transparent culture in the home and people's input was welcomed.

There were good links with the local community.

There was a clear management structure in place and tasks were appropriately delegated.

The quality monitoring system ensured any areas for improvement were identified and acted upon.

Good ●

Jubilee Court

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.

We visited the service on 4 & 6 January 2017, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received from external sources and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with twenty people who used the service, six relatives, five members of care staff, two care team managers, the clinical lead for nursing care, the chef, an administrator, an activities coordinator, the dementia lead, the deputy manager, the registered manager and a representative of the provider. We looked at the care plans of four people and any associated daily records such as the food and fluid charts. We looked at three staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Jubilee Court. One person said, "I feel safe with them (care staff) being here." Another person commented, "I feel very safe living here, it is a nice home." The relatives we spoke with felt that their loved ones were safe living at the home. One relative told us, "My relative is definitely safe here."

We observed that the atmosphere in the home was calm and relaxed throughout our inspection. We saw that people spoke confidently with staff and one another. Staff responded quickly and appropriately when one person's behaviour began to affect other people. Staff told us that they felt able to manage any minor disagreements people may have so that they did not escalate into a more serious incident. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others, where this was required. For example, one person's care plan identified that they could shout and be verbally aggressive towards other people and staff. Guidance was provided to staff in how to manage such a situation and we observed this being followed in practice.

Staff clearly understood the importance of their role in protecting people from harm and promoting their safety. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. One staff member told us, "I'd be devastated if I saw a colleague acting badly with anyone but I'd have to report it. My first responsibility is to the residents." The staff we spoke with were confident that the registered manager would act appropriately if any incidents did occur. Information about safeguarding was available in the home for residents, visitors and staff to access. We saw relevant information had been shared with the local authority when incidents had occurred.

People were well supported by staff to manage risks to their health and safety in the least restrictive way possible. During our visit we observed staff using various techniques to safely support people to move and change position. For example, we saw staff using a hoist and a rotunda in the correct way when helping people move from a wheelchair to their armchair. There was also emphasis on helping people to stay as independent as possible by enabling them to still be as active and mobile as possible. For example, staff ensured that people had easy access to any mobility equipment they needed, such as walking frames. Several people enjoyed walking around the home and this was aided by a circular route that people could take. There were hand rails and several seating areas for people to use should they start to become tired.

Our observations were supported by the information that was in people's care plans. There were risk assessments in each person's care plan which detailed the level of risk to people of various factors, such as falling or developing a pressure ulcer. This was followed by information about the support people required to maintain their safety. For example, some people required regular changes of their position to reduce the risk of a pressure ulcer developing. This was clearly detailed in care plans and the support was provided in practice.

People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm and measures to reduce the risk of

legionella developing in the water supply. Staff reported any maintenance requirements and these were resolved in a timely manner.

We received mixed feedback regarding whether there were sufficient staff to meet people's needs in a timely manner. One person told us, "Staff seem to be very busy." Another person commented, "I don't really have to wait long for help." One relative told us, "I do worry that they are short staffed. The staff themselves are really kind but they struggle to deal with everything."

During our visit we saw that, whilst there were sufficient numbers of staff, their deployment meant that they did not always provide care and support in a timely manner. For example, one person was agitated and repeatedly shouted for help. A carer was present and told us the person needed to use the toilet. However, support was not provided in a timely way because the person required two staff to assist them and no other staff were available at the time. We also saw that staff sometimes took their breaks together which meant that there were not sufficient staff available to provide care to people. The registered manager told us that they expected staff to call upon colleagues for assistance during these times, however this did not always happen in practice. The registered manager assessed how many staff were required by taking into account people's dependency levels as well as any planned activities and appointments. The majority of staff felt that there were sufficient numbers of staff to be able to meet people's needs and also to ensure cover could be arranged in the event of sickness.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The care team managers were responsible for the management and administration of people's medicines in the residential units. The clinical lead nurse was managing and administering medicines on the nursing unit. We observed staff administering people's medicines and saw that they followed safe practice when doing so. They adopted a patient, person-centred approach that ensured each person had the time they needed to take their medicines safely. Staff told us they received training in the safe administration of medicines and records confirmed that this was the case. There was also a check of the competency of all staff responsible for administering medicines.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. When not in use, trolleys were secured to a wall mounted bracket in the treatment rooms. We saw that some of the brackets were loose and hanging off the wall. The registered manager told us they would report this to their maintenance person to resolve. There were robust procedures in place to ensure that people's medicines were ordered in a timely manner. Staff recorded when they had given people their medicines or a reason why somebody had not taken their medicine. The handling and administration of controlled drugs complied with the relevant legislation. Controlled drugs are a group of medicines that have the potential to be abused and so are subject to more stringent safety measures.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person said, "They must be (well trained) - they've never dropped me!" Another person told us, "I didn't like it when I first came here but I do like it now. That's because of the staff, they do a good job." The relatives we spoke with also felt that staff provided effective care.

Staff received a wide range of training and told us that this helped them to carry out their role effectively. Some training was provided in classroom based sessions and other training via an e-learning package. Support was provided for staff who found using a computer difficult, to ensure they got the same benefit as other staff from training provided in this way. In addition, there were competency checks carried out to ensure staff had understood the training. We observed staff utilising the training they had received, such as by using safe moving and handling techniques. The staff we spoke with told us that the training they had received was of good quality and helped them to provide effective care.

Staff told us they felt well supported by the registered manager and their line manager, one staff member commented, "I can speak to the manager at any time, their door is always open. I get supervision as well." The records we looked at showed that, while staff had not always received regular supervision during 2016, this had been rectified and a supervision structure was now in place. Staff received feedback on how they were working and identified any areas where they felt further development would be beneficial. The provider had recently changed their induction procedure to enable new starters to undertake a range of training and spend time shadowing more experienced staff. The induction was based on the recently introduced Care Certificate which aims to ensure that all staff have the required skills to provide effective care.

People made decisions about their own care and were given the opportunity to provide consent where possible. The people and relatives we spoke with confirmed that staff asked for consent prior to providing any care. Our observations confirmed that staff understood the importance of obtaining people's consent prior to giving any care and support.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. We saw completed assessments of people's capacity which were relevant to a specific decision and these were regularly reviewed.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met. The registered manager had made relevant applications to the local authority and had received the outcomes of many of these. There was a good awareness amongst staff about how the MCA and DoLS impacted upon the care they provided to people.

The people we spoke with told us they were given enough to eat and drink to maintain good health and felt that the food was of good quality. One person said, "The food is good. I really enjoy my meals." Another person told us, "I eat really well here. The food is excellent. Sometimes I don't feel like a hot dinner and if I tell them they'll make me a sandwich instead." A third person commented, "They come round the day before and tell us what's for lunch the next day and ask what we want but it doesn't matter if you change your mind when it comes. You can have what you want."

We observed that people enjoyed their meals and were provided with portion sizes appropriate to them. People were offered a variety of drinks at meal times and throughout the day. Regular top ups of drinks were also provided. Staff ensured that people's individual requests were catered for. For example, one person said they did not wish to eat either of the main meals that were on the menu so a staff member prepared an alternative meal for them. All staff assisted during meal times which meant that everybody received their meals quickly, including those who chose to remain in their room. A calm and pleasant atmosphere was maintained throughout the mealtime.

Staff focussed on enabling people to eat and drink independently where possible, for example by providing adapted plates or altering the way their food was prepared. Where people required support to eat and drink this was given in a calm and unhurried manner. The staff we spoke with told us people were provided with sufficient amounts of food and drink. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for. There was also an awareness of how people's religious and cultural background may impact on their diet and how food should be prepared.

People told us that they had access to various healthcare professionals when this was required. The relatives we spoke with told us they were confident that their loved one was provided with access to relevant healthcare services with one relative commenting, "They don't hesitate to call the doctor if [my relative] is unwell."

Staff ensured that people had access to community healthcare services, such as their GP and chiropodist, when required and this was verified by the records we saw. During our visit a GP and district nurses attended the service to provide treatment and advice to people. There was work underway to further improve the communication between the care home staff and district nursing team. This involved providing the district nurses with a room they could use to keep records and equipment as well as implementing a communication book so that consistent messages were passed to and from care staff. In addition, a 'care home support' team of nurses regularly visited the home and were able to see people on a request basis. This had helped to diagnose and treat conditions sooner.

Staff also supported people to access specialist services such as the Speech and Language Therapy (SALT) team and continence advisory services. The guidance provided to staff was incorporated into care plans and followed in practice. For example, the SALT team had advised that one person should be provided with supplements and a fortified diet to try and increase their weight. We saw that this person was provided with the diet specified and this had helped them to maintain a healthy weight.

Is the service caring?

Our findings

People were complimentary about staff and told us that they were kind, caring and compassionate. One person said, "I'm very happy. They are very cheerful and nice. I like (named carer) very much." Another person told us, "Nothing is too much trouble for the staff. They are worth their weight in gold." Another person commented, "Sometimes if I'm feeling a bit down, one of the staff will start singing a daft little song in the lounge and it gets me laughing. They seem to notice when you're not quite yourself." The relatives we spoke with also provided positive feedback about the caring attitudes displayed by all staff.

During our visit we observed many positive interactions between staff and people living at Jubilee Court. For example, one person enjoyed walking around the service, occasionally stopping to 'stand guard' outside various rooms. A member of staff told us that this was linked with the work that the person had done earlier in their life. Staff regularly stopped to speak with the person and showed an interest in their life history and we saw that the person enjoyed telling stories about their work. Staff demonstrated that they understood people's personalities and had a very patient and individual approach with each person. For example, one person repeatedly asked the same questions and staff took time to provide a full answer each time. We saw that the person appreciated staff taking the time to speak with them. Staff took opportunities to share a joke with people when it was appropriate to do so.

The staff we spoke with had a detailed awareness of people's likes and dislikes and how this may impact on the way they provided care. Staff also spoke warmly about the people living at Jubilee Court and it was evident that they were very proud of the positive relationships they had developed with people. When people became confused or distressed, staff acted quickly and compassionately to provide support and reassurance. For example, one person repeatedly called out a person's name and became upset. A member of staff spent time with the person and provided reassurance which reduced the person's distress.

People were asked about their preferences before moving into the home, for example whether they had any preference about the gender of their carer. These preferences were taken into account in the way that their care was planned and delivered. People's diverse religious, cultural and personal needs were catered for. For example, a religious service was held at the home on a regular basis and this was open to people of any religious denomination.

People were able to be involved in decision making and planning their own care. One person confirmed this when saying, "They talk and talk to us and find out everything about us and what we like and don't like and they write it all down." People also confirmed that staff respected any day to day decisions they made. One person said, "Nobody makes me do anything I don't want to do. I get up when I want and, if I want a lie down in the afternoon then it's up to me."

The staff we spoke with told us they would always offer people choices and respect the decisions they made. One staff member commented, "We offer people choices but sometimes they just want to be left alone. We always respect their decision." During the first morning of our inspection a coffee morning was held in the café. Everybody was offered the opportunity to attend and staff respected people's decision if they chose

not to do so. People were also able to bring items from their own homes and choose how they wished their bedroom to be furnished. We saw that some people had many of their own personal possessions in their room. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home. People or their relatives had provided information about their life history and what was important to them. This information had been used to develop a plan of care that was personalised to them. Staff demonstrated a good knowledge of people's life history and used this to inform conversations and activities.

People were provided with information about how to access an advocacy service which was displayed in a prominent position in the home. Although nobody was using this service at the time of the inspection, the registered manager said that it was discussed and offered to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, "The staff are all very good, certainly respectful." The relatives we spoke with said they felt staff treated people with dignity and respect. During our visit we observed that staff were polite and maintained people's dignity at all times. For example, people were offered protective aprons at mealtimes to ensure that their clothes did not become stained. Staff ensured that any discussions about personal matters were carried out discreetly.

The registered manager told us that the provider placed great importance on ensuring that people were respected and treated with dignity. They told us, "People are at the centre of everything we do. It is very important that everyone is treated with respect." There were displays in the home about the importance of providing dignified care and we saw that staff understood and upheld these values. For example, staff ensured that, when people used a hoist, they were appropriately covered and communication was maintained with them throughout the process.

The people we spoke with told us that staff always protected their privacy when carrying out any personal care. Staff had a good appreciation of the values in relation to providing care in a way that ensured people had as much privacy as possible. We saw that staff always knocked on bedroom doors and waited to be invited in. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to quieter areas or their bedroom to spend time together if required.

Is the service responsive?

Our findings

The people we spoke with felt that staff provided personalised care and were responsive to their changing needs. One person said, "I am well looked after, they come when I need them." The majority of the relatives we spoke with also felt that their loved one received the care and support they required. However, one person's relative felt that staff did not always provide person-centred care to their loved one. We saw that the registered manager and deputy manager were working with this person and their family to resolve their concerns and strived to provide the best service they could.

People were cared for by staff who had a good understanding of their care needs and ensured that the support they needed was delivered at the right time. For example, several people required regular changes in their position to reduce the risk of them developing a pressure ulcer. Our observations and records confirmed that this support was provided at the required intervals. Staff also responded well when people's needs changed unexpectedly. For example, one person who had been calm and relaxed suddenly became upset. A staff member stopped what they had been doing, spent time with the person and was able to establish what they needed. They helped the person to fetch an item that they had been looking for and this resolved the situation for them.

Our conversations with staff showed that they had a good understanding of people's care needs and how they had changed over time. Staff told us that people's care plans contained useful information and that they were able to take the time to read them. We saw that care plans were detailed and provided clear information about the care people needed, although some sections within care plans contained incorrect or contradictory information. The deputy manager ensured that the necessary changes were made immediately. Care plans were reviewed on a monthly basis and updated as soon as any changes were needed. For example, one person had only recently moved to the home and the clinical lead nurse had noted that the care plan they had written prior to admission was no longer fully accurate. They had already made changes and additions so that the care plan better reflected the person's needs. There was an effective system in place to ensure that staff were informed of changes to people's planned care and any other updates through a handover at the change of shifts.

Adjustments were made and equipment provided so that people were able to remain as independent as possible. For example, staff ensured that people who required glasses or hearing aids had access to these and that they were in good working order. Staff also ensured that people had easy access to any mobility aids that they needed, such as walking frames and wheelchairs. There were hand rails along the corridors to assist people to remain steady whilst walking around the home and well as a passenger lift to access the upper floor.

The people we spoke with were positive about the provision of activities and felt there was something of interest to them. One person said, "I have always loved music and I like it when we have entertainers in." Another person told us, "We had a family day in the summer and the children and grandchildren came. It was a lovely day. There was a barbecue and some of us dressed up in fancy dress." We were also told, "We have had baking days when we made jam tarts." The relatives we spoke with also provided positive

feedback about activities provided at the home. One relative said, "We have been really impressed with what goes on here. Things like this (the coffee morning) are a good social event."

There were two activities coordinators who planned and carried out a range of activities on a group and one to one basis. A programme of activities was displayed and we saw that the planned activities were carried out on the day of our inspection. For example, on the first morning of our visit there was a coffee morning in Jubilee Court's café. This was attended by a large group of people living at the home and visitors and appeared to be enjoyed by all. The activities coordinators reviewed how much people had enjoyed each activity so that the schedule could be adapted if needed. The activities coordinators were spending time with people in an effort to understand what activities would be of interest to them and endeavoured to meet people's needs. For example, several people had expressed an interest in gardening and were supported to choose plants that they had then helped to grow and look after.

There was also the opportunity for people to undertake more self-directed activities and different items were available, depending on people's interests and skills. For example, some people enjoyed drawing and colouring and were supplied with the equipment to do so. Other people enjoyed holding cuddly toys and 'fiddle blankets' or 'mittens' and there was a supply of these in various places around the home.

People and relatives told us they felt able to raise a complaint and knew how to do so. One relative told us, "The manager is very approachable. She has a time slot when you can see her but her door is always open anyway." However, two relatives felt that, while their concerns had been listened to, appropriate action had not been taken in response to improve the care provided to their loved one. We saw that an action plan had been put into place to address the concerns that the relatives had raised and additional support and engagement was being provided for them as well as their loved one.

The complaints procedure was displayed in a prominent position in a communal area of the home. A copy was also provided to people and their relatives when they first moved into the home. We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication maintained with the complainant throughout the process. The outcomes of the complaints were well documented and this included an apology and an explanation of any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

There was an open and transparent culture at Jubilee Court and people felt able to have their say or raise concerns. One person said, "I can go to the office whenever I need to. I see the manager a lot anyway, she comes to say hello." The relatives we spoke with also felt that the culture of the home was relaxed and they felt able to speak up if they needed to. We observed that there was a relaxed atmosphere in the home and people and relatives were comfortable speaking with the registered manager and deputy manager.

The staff we spoke with felt there was an open culture in the home which enabled them to carry out their work with confidence. We observed that staff generally communicated well with each other and worked well as a team. There were occasions when staff had not informed colleagues of their whereabouts which meant there had been a delay in support being provided to people. The registered manager informed us that they would remind staff of their responsibility to communicate effectively with colleagues and call for assistance if required.

Staff also told us they would feel comfortable reporting a mistake and that there was somebody they could go to if they had an issue they needed to discuss. One staff member commented, "I would go to either the manager or deputy they are almost always available." There were regular staff meetings and we saw from records that staff were able to contribute to these meetings. The registered manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. All groups of staff told us they felt involved and included in discussions about improvements to the home.

Efforts were being made to develop good links with the local community and to make the home a focal point for community events. Local school children regularly visited and we heard that they had forged friendships with some of the people living at the home. Plans were being developed to host a 'dementia café' at the home which would act as a support network for people living with dementia and their families. In addition, Jubilee Court hosted a 'dementia focus group' which was an opportunity for relatives to learn about the condition and share their experiences with others. Residents of Jubilee Court had also featured in articles in the local newspaper which had celebrated their achievements and publicised events in the home.

The service had a registered manager and they understood their responsibilities. The registered manager and deputy manager were very visible around the home during our inspection and we saw that they communicated effectively with staff, residents and visitors to the home. The people and staff we spoke with confirmed that this was their normal approach to the management of the home and felt it showed their passion for providing a good service. One staff member said, "The manager is really good. She has a complete open door policy for us and for residents and families as well."

There were clear decision making structures in place and all staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines, the management of care plans and managing the various budgets for purchasing items. The registered manager told us they felt fully supported by the provider and that they were able to purchase additional items they felt would benefit people living at the home. We saw that resources were provided to

enable the development and upkeep of the home. For example, the provider had recently agreed to replace all of the light bulbs in the home to a more effective and efficient type.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People and relatives were invited to provide feedback about the quality of the service they received through a variety of different means and their feedback was taken seriously. Satisfaction surveys had been completed in early 2016 and these indicated that people were largely happy with the service they received. We were told that a new batch of surveys was due to be sent out shortly after our inspection. There was also a suggestion box which people could post comments in at any time. This was opened regularly and a personal response was provided where the person had left their name.

In addition, there were regular meetings for people living at the home and their relatives to attend if they wished to. The records we saw showed that these meetings were well attended and people were able to discuss what mattered to them, such as what activities they would like to do and different food they would like to see on the menu. People's comments were acted on where possible, for example different food items had been provided that people had asked for. The provider carried out monitoring visits where they spoke to people living at the home as well as carrying out their own assessment of the service being provided. Where any areas for improvement were identified, these were acted upon accordingly.

The registered manager also carried out regular audits of all areas of the service, which included checks of medication, care planning and the cleanliness of the home. We saw that a recent audit had highlighted that improvements were required to the staff supervision structure and these had been implemented. In addition, any incidents and accidents were reviewed to identify whether there were any patterns and if any further action was required to reduce risks to people's health and safety. The majority of the records staff kept about people living at the home were accurate and reflected the care that had been given. However, staff did not always maintain body map records, which are used to document any injuries a person may sustain. The registered manager told us that they would address this with staff during supervision and staff meetings.