

Mrs D J Webster

Barnfold Cottage Residential Home

Inspection report

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Date of inspection visit:
04 July 2018
05 July 2018

Date of publication:
10 August 2018

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

We carried out an unannounced inspection of Barnfold Cottage Residential Home on 4 and 5 July 2018.

Barnfold Cottage Residential Home is registered to provide accommodation and personal care for up to 14 people. Nursing care is not provided. Accommodation is provided over two floors. At the time of our inspection there were 11 people living at the home.

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

At the last inspection on 18 April 2017, we found five breaches of the regulations. These related to medicines not always being safely managed, a lack of effective infection control processes, a lack of quality audits, a lack of compliance with the Mental Capacity Act 2005 (MCA) and appropriate action not always being taken to manage people's risks. Following our inspection, the provider sent us an action plan and told us that all actions would be completed by 20 June 2017.

At this inspection we found that improvements had been made and the provider was meeting all regulations reviewed.

People who lived at the home and their relatives were happy with staffing levels. They told us staff provided them with support when they needed it.

Records showed that staff had been recruited safely and the staff we spoke with were aware of how to protect people from abuse or the risk of abuse.

People told us the staff who supported them were kind and caring and respected their right to privacy and dignity. They told us staff encouraged them to be as independent as they could be and we saw evidence of this during the inspection.

Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff had the knowledge and skills to meet their needs.

People received appropriate support with nutrition and hydration and their healthcare needs were met. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the

Mental Capacity Act 2005.

People told us that they received care that reflected their individual needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how people liked to be supported.

People were supported to take part in activities and events. They told us they were happy with the activities that were available at the home.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified and appropriate support was provided.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received. We saw evidence that she used the feedback received to develop and improve the service.

People living at the service and staff were happy with how the service was being managed. They found the registered manager approachable and supportive.

A variety of audits and checks were completed regularly by the registered manager. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

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.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines.

People's risks were managed appropriately.

People who lived at the service and their relatives were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

There were effective infection prevention and control processes and practices in place at the home.

Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

Staff received an appropriate induction, effective training and regular supervision. People felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their healthcare, nutrition and hydration needs. They were referred appropriately to community healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People liked the staff who supported them. They told us staff were caring and kind. We observed staff treating people with

patience and respect.

People told us staff respected their right to privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves, when it was safe for them to do so.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their needs and preferences. Staff knew the people they supported well.

People were encouraged and supported to take part in activities at the home. They told us they were happy with the activities available.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home, their relatives and staff felt the home was managed well.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

The registered manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

Barnfold Cottage Residential 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 was 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 was a comprehensive inspection.

The inspection took place on 4 and 5 July 2018 and the first day was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted eleven community healthcare professionals who were involved with the service for their comments, including GPs, community nurses, a pharmacist and a podiatrist. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

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.

During the inspection we spoke with five people who lived at the service and two visiting relatives. We also spoke with two care staff, the registered manager and the service provider. We reviewed the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records. Following the inspection we contacted three relatives to gain their feedback about the care provided at the home.

Is the service safe?

Our findings

At the last inspection in April 2017, we found that people's medicines had not always been managed safely. At this inspection we found that improvements had been made. A medicines policy was available which included information about administration, storage, disposal, refusals and errors and we found that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed. Staff understood how to administer medicines safely and confirmed that their competence to administer medicines safely was checked regularly.

We observed a member of staff administering people's medicines on the first day of our inspection and found that this was done in a kind and sensitive way. We noted that the person in charge did not keep the medicines keys securely on their person as required by national guidance. We discussed this with the registered manager who advised that this was an oversight, as the keys were usually kept by the person in charge. We observed appropriate practice on the second day of the inspection. We reviewed the recent Medication Administration Records (MARs) for three people living at the home and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been administered. We noted that people's allergies were documented in their care records but were not printed on all pages of the MARs. The registered manager assured us that she would address this with the home's pharmacist.

Records showed that medicines audits were completed weekly, monthly and six monthly and compliance levels were high. Records showed that the home's pharmacist had also audited medicines processes at the home in June 2017. We saw evidence that action had been taken where suggestions for improvement had been made. People told us they received their medicines when they should. One person commented, "The staff support me. I always get them on time and they always check that I've taken them".

At the last inspection we found a lack of effective processes in place to protect people from the risks associated with poor infection prevention and control. At this inspection we found that improvements had been made. Domestic staff were on duty on both days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. Colour coded cleaning equipment and materials were in place and equipment was being stored appropriately in a purpose built cupboard. Laundry facilities and processes had been improved. We found that the standard of hygiene at the service was good. People living at the home told us it was always clean. One person commented, "It's always clean here, the cleaner is always cleaning. They change my bedding regularly and they wear aprons and gloves. My laundry's always fine". One relative told us, "The home and my [relative] are always clean". The service had been given a Food Hygiene Rating Score of 5 (Very good) in June 2016. People told us staff supported them regularly with their personal hygiene needs. One person commented, "They help me have a full wash every day". One relative commented, "[Relative] is always clean and well dressed". Another told us, "We have no concerns. My [relative] gets daily support". During our inspection we observed that people looked clean and comfortable.

We looked at how risks to people's health and wellbeing were being managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Information about any changes in people's risks or needs was communicated between staff during shift changes. This meant that staff were able to support people effectively. At the last inspection we found that appropriate action had not always been taken to manage people's risk of falling. At this inspection we found that improvements had been made. Records had been kept in relation to accidents that had taken place at the service and each person who was at risk of falling had a falls diary in place, which was reviewed and updated regularly. Appropriate action had been taken to manage people's risks, including referrals to their GPs and the local integrated therapy service. Sensor mats were also in place to alert staff if people tried to move independently. This helped ensure that people's risk of falling was managed appropriately. We noted that all staff had recently completed training specifically in the management of falls.

During the second day of the inspection, we noted that although the front door was kept locked, the coded keypad on the door just inside the front door was not working. This meant that people could potentially leave the home if the front door had been left unlocked. We discussed this with the registered manager who advised that it had recently broken. She arranged for it to be fixed that day. This helped to ensure that people who were not safe to leave the home unsupervised, were kept safe.

People we spoke with told us they felt safe when staff supported them. One person commented, "I always feel safe with the staff". Relatives also felt that people received safe care. Comments included, "Oh yes, it's safe. The doors are locked so they can't get out and people can't get in" and "[Relative] has had a number of falls but they manage it well. They try to keep him safe. He's very independent".

We looked at staffing arrangements at the service. One community professional who provided feedback told us that it sometimes took staff a long time to answer the door and queried whether staffing levels were appropriate. People who lived at the home felt there were enough staff on duty to meet their needs. Comments included, "Yes, I think there are enough staff here. I don't wait long for support, only a couple of minutes, even at night" and "There's always someone around when I need them. Sometimes I have to wait maybe five minutes but I'm okay with that". The relatives we spoke with also felt there were enough staff available to support people. Comments included, "There are generally enough staff. I'm not aware of any issues", "There are always enough staff" and "Yes, I think there are enough staff. There always seems to be someone around". The registered manager advised that there was one staff member on duty at night and additional staff members who lived within a short distance of the home were on call if needed. This was confirmed by the staff we spoke with. Staff told us this system worked well and they contacted the on call staff when they needed them. We saw evidence that people's level of dependency was used to calculate staffing levels and staff told us that when people's needs changed, for example if someone required end of life care, staffing levels were increased to ensure their needs were met.

We noted that the day staff came on duty at 8am and were concerned that people who got up early only had access to one staff member for support with their personal care needs. We discussed this with the registered manager and the provider, who addressed this immediately and arranged for the day shift to start at 7am. This meant that two staff were available to support people who liked to start their day early.

We reviewed the staffing rotas for three weeks including the week of our inspection. We found that the staffing levels set by the service had been met on all occasions. Staff told us that they covered each other's leave when they could and agency staff were not needed. This meant that people were supported by staff who knew them and were familiar with their needs and risks.

The staff we spoke with understood how to safeguard adults at risk. A safeguarding policy was available and records showed that staff had completed safeguarding training. Two safeguarding concerns had been raised about the service in the previous 12 months. We had received the outcome for one concern, which had been partly substantiated following investigation by the local safeguarding authority. We saw evidence that the registered manager had acted upon the recommendations made following the investigation and lessons learned had been shared with staff during a group supervision session.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

We found that records were managed appropriately at the home. People's care records and staff members' personal information were stored securely in locked cabinets and were only accessible to authorised staff.

Only one member of staff had been recruited since the last inspection. We looked at their recruitment records and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. We noted that the legionella risk assessment had not been reviewed for some time. We discussed this with the registered manager and the provider, who arranged for an up to date assessment to be completed shortly after our inspection. This helped to ensure that people were living in a safe environment.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced a loss of amenities including gas, water, electricity or accommodation. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

At the last inspection in April 2017, we found that the provider had failed to comply with the Mental Capacity Act 2005 (MCA). There was a lack of effective processes in place to identify and protect the rights of people who were unable to consent to their care. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards.

We checked whether the service was working within the principles of the MCA. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Records showed that staff had completed MCA training and the staff we spoke with confirmed this. They understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions. We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. Records showed that where people were able to, they had signed to consent to staff providing their care.

People living at the home and their relatives told us they were happy with the care they received and they felt staff had the knowledge and skills to meet their needs. Comments included, "They always look after you properly" and "They do a very good job looking after me". Relatives told us, "The staff know what they're doing and what people need", "The staff are well trained" and "We have no issues. [Relative] is happy with his care and I'm very happy".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. One staff member commented, "We've just done medication and food hygiene training. I enjoy it. You can't have too much training". We noted that staff had not updated their moving and handling practical training since 2014. We discussed this with the registered manager who contacted us after the inspection to advise that training had been arranged for 14 August 2018. This would help to ensure that staff had up to date knowledge and skills in how to support people to move safely.

Staff told us they received regular supervision. We reviewed some supervision records and noted that the issues addressed included safeguarding, changes in people's needs and risks, training, activities, infection control and security. We noted that supervisions usually took place with staff as a group. However, we noted that staff received individual appraisals every six months when their performance, training and

developments needs were discussed. One staff member told us, "We have supervision regularly and we can raise any issues but you can raise issues anytime".

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, monitoring was in place and appropriate referrals had been made to community healthcare professionals. The staff we spoke with was aware of people's dietary requirements. People were happy with the meals and support provided. One person commented, "The food's alright. You can always have something you like. We have plenty to eat". Another commented, "Yes, I'm happy with the food". Relatives commented, "[Relative] is happy with the food here" and "The meals are excellent. It's home cooked food". We saw people having lunch on both days of the inspection. We found that the atmosphere was relaxed, people were offered choices and where they needed support, this was provided sensitively by staff. We noted that people could have their meals in their room if they wished to.

Each person's care file contained information about their medical history, allergies and any prescribed medicines. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists, opticians and dentists. People told us they received medical attention when they needed it. Comments included, "Yes, I've seen the doctor when I've needed to" and "I've seen the doctor before and I'm seeing him today". Relatives commented, "They ring the doctor when needed and always let me know the outcome" and "The GP has been a couple of times and the falls team and physiotherapist after [relative] broke his hip". We noted that the service provided a variety of information when people were transferred to hospital. This included information about people's medical history, medicines and a summary of their risks and needs. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We received feedback from a number of community health professionals who visited the service regularly. Comments included, "We did not encounter any issues with the care of any of our patients in the past. I feel overall the care is good", "The care staff are welcoming and happy to assist when we are reviewing patients. The care staff are consistent, with no high turnover of staff" and "We have no concerns at present about the care being delivered there".

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and there was a stair lift and hoists available. Where people were at risk of falls, assistive technology such as sensor mats were in place to help manage their risks and keep them safe. The registered manager told us that the home environment had been improved since our last inspection, with some areas having been repaired and redecorated. We found that the home looked in need of redecoration and updating in places. We discussed this with the registered manager and the provider, who told us that a programme of redecoration was planned.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "I like the staff. They're all nice", "I like them, they're very good", "The staff are kind" and "The staff are caring. They never shout. The girls are really good, they work hard". Relatives commented, "[Relative] loves the staff", "The staff are nice, [relative] gets on with them. They're friendly" and "They're very, very good. I've never known them not to speak to people respectfully".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way. People told us their care needs had been discussed with them and we saw that where they were able to, they had signed their care documentation to demonstrate this. Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs.

People told us they were encouraged to be independent. One person commented, "I like to do what I can myself and the staff encourage me". We observed staff encouraging people to be as independent as possible. One relative commented, "They encourage the use of the frame and try to stop [relative] if it's unsafe". One staff member told us, "We encourage people to be independent when it's safe to do so". Another commented, "We have to balance people's risks with them wanting to be independent. Sometimes people want to be independent and they can get annoyed".

People told us staff respected their right to privacy and dignity. One person commented, "The door is closed and they cover me up when I'm having a wash and they respect my choices, like what I want to eat". One relative told us, "They speak respectfully to [relative]. They have a bit of banter, he likes that". Staff told us they respected people's right to privacy and dignity. One staff member commented, "I offer people choices and ask them to make decisions. When helping with personal care, I cover them up and close the door. I ask people if they need help, rather than assuming they do". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One staff member told us, "We keep everything between us [staff]".

The service user guide issued to people when they came to live at the home included information about the services available, meals, safeguarding and how to make a complaint. The registered manager told us the

guide could be provided in other formats, such as large print or braille if necessary.

We found that people's relationships were respected and people told us there were no restrictions on visiting. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. One relative told us, "We can come anytime we want to, we're always welcome". This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed on a notice board in the entrance area and was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that no one at the home was being supported by an advocate at the time of our inspection.

Is the service responsive?

Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "They've all served me well whenever I've asked for anything". One relative commented, "[Relative] has been there a long time, they know him very well". The home had a keyworker scheme in place. This is where a specific staff member is allocated to each person, to act as their main contact in the home. This helped to ensure consistency in the way people were supported.

People told us they were able to make their own choices. Comments included, "I choose the time I get up and go to bed and where I spend my time. I like to spend time in my room. I choose my clothes every day but if I'm feeling lazy I'll ask them [staff] to choose" and "I can choose my meals, my clothes, where I go and what I do".

People were happy with the activities and events available at the home. One person living at the home told us, "We play dominoes sometimes. I like dominoes". Another commented, "I'm not really interested in activities but sometimes I watch". Relatives commented, "There's dominoes, singers visit and [relative] likes to listen to music in the conservatory" and "I've seen a few things going on, like barbecues. [Relative] is quite happy watching television". During the inspection we observed people playing dominoes, a board game, listening to music and watching television.

We reviewed two people's care files. We found they included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that care documentation included information about people's religion. However, their ethnic origin, gender and sexual orientation were not recorded. This meant that staff could not be sure that people's individual needs were being met and that people were being protected from discrimination. We discussed this with the registered manager who told us this information would be gathered and documented in future to ensure that staff were able to meet people's needs fully.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

We found that although not all aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager told us she was not aware of the Standard. She told us she would implement it following our inspection.

We looked at how technology was used to support people living at the service and staff. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and reduce risks.

Pressure relieving equipment was also used to support people at risk of skin damage.

We looked at how the service supported people at the end of their life. No-one was receiving end of life care at the time of our inspection. However, the registered manager told us that the service had previously supported people at the end of their life. A 'care of the dying' policy was in place and the registered manager told us that staff followed guidance from the community nurses and ensured that appropriate medicines were in place to keep people comfortable. One staff member told us, "We work with GPs, district nurses and families. We consider the person's wishes and keep people as comfortable and dignified as possible". The registered manager told us that relatives were welcome to stay with family members who were receiving end of life care.

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was included in the service user guide. Records showed that two complaints had been received by the service in the previous 12 months. We found evidence that complaints had been managed in line with the policy and improvements had been made when the service was found to be at fault. Lessons learned from complaints were shared with staff during staff meetings and group supervision sessions. People we spoke with had not made a complaint but told us they knew how to complain or raise any concerns and would feel able to. One person commented, "I haven't complained but yes, I would feel able to". One visitor told us they had raised a number of issues and had received mixed responses from the registered manager. We discussed this with the registered manager who provided information about the action that had been taken.

Is the service well-led?

Our findings

At the last inspection in April 2017, we found that no formal audits of quality and safety were being completed. At this inspection we found that the registered manager had made improvements. Records showed that a variety of audits were completed regularly, including those relating to medicines, accidents, infection control, health and safety and the home environment. We saw evidence that action had been taken where shortfalls had been identified. The provider held monthly management meetings with the registered manager. We reviewed the notes of the last two meetings and found that the issues addressed included audits, policy updates, people new to the home, the home environment, care documentation and feedback received from people living at the home. The provider spent time at the home most evenings and was able to observe the care provided by staff. This meant that the provider had oversight of the service and was assured that people were receiving safe, effective care. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the service.

At the time of our inspection 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. The registered manager was responsible for the day to day running of the home and was directly involved in people's support. It was clear from our conversations and observations that she knew the people who lived at the service well, in terms of their needs, risks and preferences.

People knew the registered manager and told us they were happy with the way the service was being managed. They felt that staff and the registered manager were approachable. One person told us, "[Registered manager] is very nice. She and the staff are always approachable. Sometimes I have to wait to speak to them but they always come back to me". Another told us, "I like the manager". Relatives commented, "I have a good relationship with [Registered manager], she's very nice", "There isn't anyone of them you couldn't speak to" and "I'm happy with the management. They do everything they should".

Staff told us they were happy working at the home and felt well supported by the registered manager. One staff member commented, "[Registered manager] is responsible, she takes action and implements things. She's improved things 100%". Staff told us that staff meetings took place regularly and this was confirmed in the records we reviewed. One staff member commented, "We have meetings regularly. We can make suggestions and we're listened to".

We looked at how the service sought feedback from people living at the home about the support they received. The registered manager told us satisfaction questionnaires were issued to people living at the home and their relatives every six months to gain their views. One relative commented, "We received a questionnaire last week and did another one about six months ago". We reviewed the results of the most recent questionnaires, issued to people in June 2018. We noted that people had expressed a high level of satisfaction with all areas of the service, including meals, activities, laundry and the availability of staff. We saw evidence that where people had made suggestions, action had been taken. For example, an additional

telephone line had been fitted in the conservatory to improve people's privacy when speaking with friends and relatives, and additional doorbell ringers had been fitted in the conservatory and upstairs to ensure that staff could hear when the doorbell rang. Additional activities, including animal therapy and gardening club had also recently been introduced in response to feedback received from people's relatives.

We noted that people's views were also sought during regular residents' meetings. We reviewed the notes of the meetings held in March and June 2018 and noted that issues discussed included activities and events, birthday celebrations and meals. We saw evidence that people's feedback and suggestions were sought. A suggestion box was situated in the entrance hall as another way for people living at the home and visitors to provide comments about the care and support provided.

The staff we spoke with were clear about their roles and responsibilities, which were addressed in detail during their induction and regular training updates. One staff member told us, "We're responsible for making sure residents are safe and well and if they have any concerns, that they are heard as well".

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, dentists, hospital staff and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

The registered manager told us she had worked hard to make improvements since the last inspection and we saw evidence of this, including improved practices and processes that complied with national guidance and formal audits and checks. She told us that further improvements to the service were planned, including the redecoration of some parts of the home and a review of the menus and meals available.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.