HC-One Limited

Barnby Court Care Home

Inspection report

Barnby Moor
Retford
Nottinghamshire
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14 September 2016

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the home on 13 and 14 September 2016. This was an unannounced inspection.
Barnby Court Care Home is located in a village near Retford in Nottinghamshire. The home provides accommodation, respite and personal care for up to 25 older people, some of whom are living with dementia.

The home had a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
People, and their relatives, were supported by staff to keep safe. People were protected from the risk of abuse as management and staff understood their role in keeping people safe from harm.

We found that individual risk assessments were in place for specific aspects of people's care. People's care plans contained clear guidance for staff about how to keep people safe and staff were aware of, and followed the guidance. Checks to equipment and the environment were carried out to ensure people's safety.

The number of staff matched with the levels determined by the provider as being required to keep people safe. People told us, and we observed that people had their needs met in a timely way.

People were happy with the support they received with their medicines. We saw that the management of medicines was safe and that action had been taken to improve the recording of medicines administration.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were encouraged to make independent decisions and legislation to protect people who lacked capacity was being adhered to. Staff told us about how they supported people to make choices and decisions and people had not been deprived of their liberty without the required authorisation being applied for.

People were protected from the risks of inadequate nutrition and specialist diets were provided if needed. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and their choices and preferences were respected. We saw staff were kind and caring when supporting people. People and their relatives contributed to the planning and review of their care as appropriate.

Improvements were required to ensure people were supported to maintain their interests and were given opportunities to engage in activities. We observed a lack of engagement and stimulation at times and it was not always clearly recorded that people's needs were being met at the required intervals.

People and their relatives were provided with opportunities to raise issues with the management team and complaints were dealt with appropriately.

Management systems were effective in monitoring the quality of service provision and responding to any issues. People felt that the registered manager was visible and approachable and records confirmed that the feedback of people, their relatives and staff were sought to drive improvements at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People, and their relatives, were supported by staff to keep safe. People were protected from the risk of abuse as management and staff understood their role in keeping people safe from harm.

We found that individual risk assessments were in place for specific aspects of people's care. People's care plans contained clear guidance for staff about how to keep people safe and staff were aware of, and followed the guidance. Checks to equipment and the environment were carried out to ensure people's safety.

The number of staff matched with the levels determined by the provider as being required to keep people safe. People told us, and we observed that people had their needs met in a timely way.

People were happy with the support they received with their medicines. We saw that the management of medicines was safe and that action had been taken to improve the recording of medicines administration.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were encouraged to make independent decisions and legislation to protect people who lacked capacity was being adhered to. Staff told us about how they supported people to make choices and decisions and people had not been deprived of their liberty without the required authorisation being applied for.

People were protected from the risks of inadequate nutrition and specialist diets were provided if needed. Referrals were made to health care professionals for additional support or guidance if people's health changed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and their choices and preferences were respected. We saw staff were kind and caring when supporting people.

People and their relatives contributed to the planning and review of their care as appropriate.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were required to ensure people were supported to maintain their interests and were given opportunities to engage in activities.

We observed a lack of engagement and stimulation at times and it was not always clearly recorded that people's needs were being met at the required intervals.

People and their relatives were provided with opportunities to raise issues with the management team and complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Management systems were effective in monitoring the quality of service provision and responding to any issues.

People felt that the registered manager was visible and approachable and records confirmed that the feedback of people, their relatives and staff were sought to drive improvements at the service.

Barnby Court 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 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 inspected the service on 13 and 14 September 2016. 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.

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

During the inspection we spoke with nine people who lived at the service and five relatives. We also spoke with two care workers, the chef, a kitchen assistant, the maintenance person and one domestic in addition to the deputy manager, registered manager and the assistant operations director. We looked at the care records of three people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe at Barnby Court Care Home. One person told us, "I do feel safe here" and that, "Staff make sure you are alright". The person said that although the actions of other people who lived at the service impacted on their safety at times, staff were aware of potential incidents and responded appropriately. Another person said, "Yes (feel safe), in every way. I'm looked after". People's relatives also told us that they thought there relations were safe. One relative told us of an incident at the home concerning their relations safety and they were happy with the way the issue had been dealt with by the registered manager.
People told us that they felt they could approach staff with any concerns regarding their safety. One person said, "I'd tell someone straight away, I can do that" whilst another person told us, "I'd tell the person in charge saying certain people were making me uncomfortable". We observed people appeared comfortable and relaxed with staff. We saw that staff responded appropriately to people's concerns and anticipated potential issues which could affect people's safety.
People could be assured that staff knew how to respond to any incidents of abuse and staff told us they had received training in protecting people from the risk of abuse. The staff we spoke with told us about some of the different types and signs of possible abuse and the action they should take if they suspected abuse was happening. Some of the staff were aware of the need to refer to external agencies, such as the local authority, if needed and others told us about a whistleblowing helpline they could ring if required. We reviewed our records and found that the registered manager had shared information with the local authority as appropriate following incidents within the home.

People were kept safe as potential risks were identified, monitored and responded to. Risk assessments had been produced which were specific to people's individual needs. For example, one person was at risk of choking and the risk assessment contained detailed guidance about how staff should minimise the risk of harm to the person. People or their relatives had been consulted about the use of equipment, such as bed rails used to reduce the risk the people. Where people required specialist equipment, such as a bed sensor or pressure relieving mattress, this was provided. Regular checks of equipment were carried out to ensure they remained safe to use and were in good working order.

Risks to people were kept under review and we found that these had been updated when a person's needs had changed. In addition, specialist advice from healthcare professionals such as dieticians and speech and language therapists had been sought when the person had been assessed as being at high risk. Care staff had read people's risk assessments, demonstrated an awareness of the information they contained and followed this guidance to keep people safe, for example, by ensuring people's weight was monitored.

Records showed that investigations were carried out in relation to accidents or incidents which had occurred within the home. The action taken, such as the provision of equipment or referral to healthcare professional had been recorded. We checked that the actions had been completed in relation to two of these incidents and found that they had been. We also found a robust system was in place to reduce environmental risks such as those associated with fire or faulty equipment.

People told us that they felt there were enough staff to meet their needs safely. One person told us, "Yes, there's enough" whilst another person, when asked if they ever had to wait for assistance, told us, "Sometimes you do if it's busy but not long, there's no problem." People's relatives told us that they thought that people did not always get the supervision they required. One person's relative told us, "Today they (staff) seem a bit busy, my view is that they could do with a few more (staff). You don't see many about". Another relative said, "There doesn't seem to be many (staff) keeping an eye on them".

Staff told us that although the providers identified staffing levels were, "usually met" and people's care needs were responded to, there was a lack of engagement and stimulation for people at times. We observed this to be the case during our visit. We saw that staff were busy and responded to call bells in a timely way; however, this resulted in periods of time where staff were not present in communal areas of the home. The deputy manager and registered manager told us that domestic and cleaning staff had received training and were able to assist care staff, for example at mealtimes but that supervision and stimulation for people could be improved. The registered manager told us that an activities co-ordinator was commencing work the week following our visit and that this would improve staff presence in communal areas of the home.

We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. The provider told us in their provider information return (PIR) that, "We have robust recruitment and induction processes and we ensure that the relevant checks and documentation are in date and stored securely." We looked at the recruitment records of three members of staff and found this to be the case.

People told us they received their medicines when they required them and we saw that people's capacity to administer their own medicines had been considered. People told us that they received the required support from staff. One person told us, "They (staff) are very good; they come to my room at night to give me my pills". People's relatives also told us that their relations were supported to take their medicines as required. One person's relative told us, "[Relation] is on a lot of tablets, they (staff) look after all that. They've stabilised [Relation] here; [Relation] isn't complaining about the pain all the time".

Staff had received training in the safe handling and administration of medicines and had their competency assessed. We observed that staff checked the medicine against the medicines administration record (MAR) and stayed with the person until they had taken them. We did witness one occasion when a staff member brought a person's medicine in their hand to give to the person. They were not wearing gloves or using a medicine pot. The staff member acknowledged that this was not good practice as it increased the risk of cross contamination. On all other occasions medicines were administered safely. We found that MAR sheets contained information relevant to the safe administration of medicines, such as a photograph of the person to aid identification and a record of any allergies.

On the first day of our inspection we found that there were not always protocols available to staff for medicines which were prescribed to be given only as required (known as PRN) or in one case did not contain sufficient information. The deputy manager told us that they were in the process of reviewing and updating protocols. On the second day of our visit we found that information contained in protocols had been reviewed to ensure it was sufficient. We also found that some people required support to apply creams and although good guidance was available to staff about where cream should be applied, it was not always clear from documentation this was happening as frequently as prescribed. On our second day we saw that recording had improved to indicate people were being appropriately supported.

Medicines were stored safely and securely. Regular medicines audits were being undertaken and action had recently been taken in relation to temperatures in the medicine room exceeding recommended safe limits.

An air conditioning unit had been installed in the room and daily temperature checks of the storage areas were documented and were within acceptable limits following installation of the unit.

Good

Is the service effective?

Our findings

People were supported by staff who were provided with training and support appropriate to their role. One person's relative told us, "They (staff) seem quite capable to me, there are so many different stages (of dementia) and they seem to deal with them all so well, I'm impressed". Another person's relative said, "They (staff) seem to know what they are doing."
Staff told us that they had received an induction which prepared them adequately for their role. Staff also said that they were provided with on-going training which was of "good quality." The provider told us in their PIR that, "Our mandatory training is done through a blend of e-learning and classroom/ off line assignments and is aligned with the Care Certificate." The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. We received a copy of training records which evidenced that staff had received training in a number of areas relevant to their role and showed that systems were in place to identify when training updates were required. The registered manager told us that those staff whose mandatory training had expired had been notified and plans had been made to refresh their knowledge.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had a very good understanding of the MCA. It was clearly documented within care plans if people had capacity to make their own decisions in specific areas, such as decisions about medicines. Mental capacity assessments had been completed if a person's capacity was in doubt for decisions about equipment or the support required with personal care. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made and recorded which ensured that the principles of the MCA were followed. This included consideration of least restrictive alternatives and the views of people and their families. The staff we spoke with demonstrated a limited understanding of the MCA but were able to describe how they involve people who may lack capacity in decisions about their care as much as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 management team had an understanding of the Deprivation of Liberty Safeguards (DoLS) and when an application needed to be made. Records confirmed that DoLS applications had been made to the local authority when required. Where these had been authorised, we saw that the home was liaising with people's representatives to ensure that conditions were being met.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to support the person and respond in a

positive way. There were care plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. We found that staff we spoke with had a good knowledge of these plans and applied this knowledge when supporting people.

We looked at the care records for two people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place which had been completed by the person's doctor. These had been completed appropriately and discussed with people's relatives if the person lacked the capacity to make a decision themselves.

People told us that they enjoyed the food at the home, one person told us, "They (staff) look after us food wise." People's relatives also felt that their relations specific dietary requirements were well catered for. One relative said, "(Meals) are very good, everything has to be mashed up but it's very tasty." A number of people living at the service required the provision of specific food due to a medical condition. One relative told us, "(Staff) know about that and make sure [Relation] gets the right food. They even made special Yorkshire pudding especially for [Relative]."

The provider told us in their PIR that, "Residents' nutritional and hydration needs are met, taking into consideration their preferences, religious and dietary requirements with a view of minimising resident weight loss. If specialist multidisciplinary team advice is required, referrals are made in a timely manner." We saw that meals were provided which met people's individual requirements and that staff provided support and encouraged people to eat and drink during the meal in a dignified and encouraging manner. We spoke with the chef and kitchen assistant who were very knowledgeable about people's specific requirements, such as those people who required fortified meals. We were told by the chef that people were offered choices by showing people meals which allowed them to choose and we saw documented evidence that people's feedback was sought whenever a new meal was trialled.

We observed that people were provided with drinks throughout the day and that people had fresh juice available in their bedrooms. Drinks and snacks were available in the dining area with a large brightly coloured sign which encouraged people to help themselves.

People's care records contained nutritional risk assessments and care plans which identified people's support needs and preferences. We observed that people received the support they required in line with their care plans. We found that people were weighed in line with the guidance in their care plans, nutritional supplements were given when required and food and fluid charts were in place if appropriate.

People told us that that they were supported to maintain their health and to see healthcare professionals if required. One person told us, "A couple of times the doctors come, they (staff) got them. They always say if you'd like a doctor just say." People's relatives also thought that people's health was monitored and maintained effectively. One relative told us, "They (staff) don't hang about. If there's anything they don't like or think is wrong they get the doctor straight away."

People's relatives told us that the home is visited regularly by a chiropodist and optician. We were told by one person living at the home that staff would arrange visits to outside services if preferred. They told us, "I like to go to my own optician in town. They'll (staff) take you into town if you wish." People's care plans also clearly evidenced that support had been obtained from a range of healthcare professionals when required, such as community nurses, speech and language therapists and dieticians. Care plans had been updated to include advice and guidance given by these professionals. We spoke to two visiting healthcare professionals who told us that staff always sought advice when required, were knowledgeable about the people they supported, listened to suggestions and acted upon advice given.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person commented, "(Staff) are good, they seem to look after you; are very considerate. They don't just leave you," whilst another person said that staff were, "All extremely nice and devoted to their jobs." People's relatives also told us that staff cared about their relations. One relative told us, "The staff are good and very caring. [Relation] was lonely (at home), [Relation's] come alive again." Another relative said, "I ask [Relation] if they are happy and they always say, 'yes, they (staff) look after me'."

Our observations confirmed what people had told us. We witnessed positive, social interactions between staff and people who lived at the home. Staff acknowledged people as they walked past, checking they were alright and responding to any comments or questions. We saw that staff provided reassurance to people. For example, during our visit a care worker assisted a person walk in from the garden. We saw they did this in a kind, gentle and non-patronising manner at the person's pace. The care worker was constantly talking to the person, offering reassurance and provided appropriate support. Staff also took action to relieve people's distress. For example, we saw that one person was disorientated and stated they were not sure what they should be doing. A member of staff responded immediately and asked the person if they wanted to go for a walk round the garden. The person responded positively to the reassurance and guidance offered by the staff member.

Although there was times when people were not provided with immediate reassurance or answers to questions they had, this was as a result of staff not always being present in communal areas and not a reflection of the attitude or behaviour of staff. We observed that people were not distressed and did not have to wait a long time for staff attention. We saw that staff worked well together, communicating with each other appropriately and discreetly which contributed to the calm atmosphere of the home.
Staff we spoke with were knowledgeable about the people they supported. People's care plans contained information about people's background and each care plan had a section which detailed what was important to the person about the support provided. For example, one person had a sleep and rest care plan which considered what the person liked to wear at night and what they liked to talk about if they woke up in the middle of the night.
People were given choices about their everyday routines. One person told us, "Yes, I can do what I want when I want. You can get up when you want but they (staff) just tap (on the door) and see if you are alright". One person's relative told us that their relation could get up and go to bed when they wanted. They told us that their relation was used to going to bed late and getting up late and, "I asked if that was ok with them (staff) and that's fine. They (staff) make sure [Relation] has a drink and something to eat whatever time [Relation] gets up."
People, and their relatives, told us that they were involved in talking about their care needs. People's views as to how they wished their care to be delivered were part of the care planning process and people attended reviews of their care if they wished and were able. In other instances and if appropriate, people's relatives attended on their behalf. One relative told us, "It was really good. I had to fill in [Relation's] likes and dislikes with the manager." Another person's relative told us, "We have reviews every 6 months. We meet with (Registered manager) and discuss our concerns and their (staff) concerns. We've seen it (care plan) and

signed it, yes."

For people who may require independent support, information about advocacy was on display within the home. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager was knowledgeable about the service provided by advocates and in what instances the support of an advocate would be sought.

People we spoke with told us that staff treated them with dignity and respect. One person told us, "They (staff) knock on doors, they don't just barge in, they're very good." One person's relative told us, "Whenever they (staff) have spoken to [Relation] they are good. They treat [Relation] with respect and dignity, that's what I see. [Relation] is happy." Another person's relative shared this view, "(Staff are) always polite with [Relation], do treat them with respect."

The provider told us in their PIR that, "Staff ensure that any private mail is given to the resident in a timely manner where appropriate. Staff make sure to knock before entering any rooms and are respectful of confidentiality at all times." We observed staff knocked on people's doors before entering and spoke to each other quietly and discreetly to ensure that sensitive information about people was kept private. During our visit we saw that two people required assistance with their continence. We saw that staff responded to people's needs in a discreet and caring manner. We observed staff attention was focused on the person they were supporting. For example, we saw staff supporting people during a meal; they were constantly talking to and reassuring people and encouraging them to eat and drink. We saw that staff maintained people's dignity by ensuring their mouths and faces were wiped clean where necessary.

People who were nearing the end of their life, had plans in place which showed that their views had been considered and discussions had been held with their family. This was in accordance with good practice. We saw that the advice of the palliative care team had been sought if appropriate and this aspect of people's care was jointly planned by staff at the home, people's families and healthcare professionals. The management and staff team were aware of people's sometimes rapidly changing needs and considered how they could support the person with increased supervision and maintain their dignity.

Requires Improvement

Is the service responsive?

Our findings

People told us that limited activities took place at the home and they would like to be supported to maintain their interests. One person told us, "I wish I did more, I don't really do anything now." The person told us about their hobbies and interests and said that staff had not asked about this. Another person, when asked how they spent their day stated, "Not a lot. It's a bit of a lonely old life. I wish they did take us out for a few trips." However, another person who lived at the home told us that some people and staff did go on trips out, for example to the pub. The registered manager confirmed that people were supported by staff on occasions to access the community.

At the time of our visit the home did not have an activities co-ordinator as the previous co-ordinator had left. The registered manager told us that a new activities co-ordinator had been recruited and was due to commence working at the home shortly. We saw a notice on display within the home confirming this, in addition to information about visits by a mobile library and regular coffee mornings. One person's relative told us, "They have some good open days; they are having a Harvest Festival." Another person's relative told us that staff do try and organise activities at the home which people can join in with. They said, "They had Tai Chi and mum joined in. They do try and do some activities. [Relation] did tell me they'd taken a group out for a meal".

Although we saw some activities taking place during our visit, such as a game in the garden, at times there was a lack of stimulation for people. We observed people sat in communal areas of the home, at times people were asking questions or seeking reassurance. There were no staff present at times to respond to people's requests for information or provide engagement and stimulation. Some of the staff we spoke with told us that they did not have time to sit with people and talk with them or provide activities. This meant that people's need for stimulation and engagement were not always met in a timely way.

Records did not always reflect that people's needs were met in accordance with care plans. For example, daily recording sheets did not always evidence that people had been supported to have creams applied as often as prescribed or that people had received personal care and had their skin condition checked for signs of pressure damage. However, the staff we spoke with were very knowledgeable about the needs of the people they supported and records showed that the registered manager had discussed the importance of accurate recording with staff at a recent team meeting. On other occasions daily records clearly demonstrated that people's needs were being met in line with guidance contained within care plans. For example, records showed that people had been repositioned as required to prevent pressure damage and had been checked for their safety at regular intervals.

Care records contained a pre-admission assessment to provide information about the person's care and support needs and a range of care plans pertinent to the person. The care plans contained detailed guidance for staff and had been updated to reflect changes. For example, one person had been visited by a healthcare professional approximately two weeks prior to our visit. The healthcare professional had provided guidance as to how the person should be supported to maintain their nutrition. This information was included in their care plan and all of the staff we spoke with were aware of this guidance. Records

showed that people's care plans and risk assessments had been regularly reviewed and the reviews were effective in identifying if any updates or amendments required. A visiting healthcare professional also told us that staff were responsive and made suggestions about how they could best support people with their individual needs.

People told us that their preferences were known and respected. One person told us that they liked a glass of wine with their meals and we observed they were provided with this during lunch. The registered manager told us about how they had encouraged another person who had previously lived at the home to express their preferences by promoting choice and providing a safe environment for them to feel comfortable to be themself. We observed that staff called people by their preferred name, that people's choices about when to get up were respected and consideration was given to whether people preferred to be supported by male or female staff. One of the staff members we spoke with gave us a detailed explanation of how they provided person centred care, for example, by supporting a person who lived at the service to have a shave and asking which side of their face they would like shaved first.

People, and their relatives, felt able to say if anything was not right for them. None of the people who lived at the service or their relatives told us they had needed to make any formal complaints about the home. The home had a complaints policy; but we did not see any information on display within the home informing people how they could make a complaint. However, people's relatives told us they were aware of weekly "surgeries" run by the registered manager where they could raise any issues or concerns. Some relatives told us they went to these and others told us they did not feel the need to as they spoke to staff about care on an ongoing basis during visits. People and their relatives told us that they felt comfortable speaking to the registered member or staff if they had any questions or issues. One person's relative told us, "It's very easy to talk to staff; they are very good, receptive. Anything you ask they always give you a proper answer."

People could be assured that complaints would be recorded and acted upon where possible. We reviewed a complaint which had been received within the last year and saw that the complaint had been thoroughly investigated, that the complainant had been responded to and an apology given.

Good

Is the service well-led?

Our findings

People told us that they found the registered manager approachable and responsive. One person's relative told us, "[Registered manager] is really good, perfect for [Relation]. Approachable, if you have concerns you can go to her." The people we spoke with were aware of regular meetings they could attend to discuss concerns or have input into the running of the home. People's relatives were also aware of these meetings and told us that they felt comfortable approaching any of the staff if they had issues that needed addressing. One person's relative told us, "If I have any problems I know I can speak to anyone here."

People who used the service were invited to take on roles within the home and at events which were aimed at involving the wider local community. One person was proud to tell us that they had been asked by the registered manager to be part of the 'Welcoming Committee' for people moving into the home. The person told they were pleased to have a role and said, "They (staff) are very good to me here and it's nice to be able to do something in return." We observed another person talking to a member of staff about whether they wished to have a role in the upcoming Harvest Festival. We saw that a large banner was visible outside the home inviting people to the event.

Staff told us that they felt able to raise any issues of concern or make suggestions to the registered manager. The staff members we spoke with felt that they received feedback on their performance during supervision. They also told us they were given opportunities to raise concerns by approaching the registered manager or using the whistleblowing helpline. Staff told us that sometimes they were very busy and their workload was impacted on by staff absences or leave but they felt that they worked well as a team. We observed this to be the case during our visit.

People, their relatives and staff were involved in the running of the home. Regular surveys were carried out asking people's and staffs level of satisfaction in different areas. One staff member confirmed that they had completed a survey of their views and that the results had been shared with the team. They told us that they felt that action was taken in response to feedback and that they felt listened to. Another member of staff told us that they felt that feedback from the management team about action being taken in response to issues or concerns could be improved. The registered manager told us that action plans were produced as a result of survey findings and were also discussed at meetings. We saw records which evidenced this to be the case.

Recent surveys carried out with people and their relatives showed a high level of satisfaction in many areas. Some respondents indicated they were less satisfied in areas such as the décor and provision of activities. We observed that the home was in need of some redecoration and the registered manager told us that a programme of refurbishment was planned. The registered manager confirmed that an activities co-ordinator had been recruited and was due to commence working at the home shortly.

At the time of our inspection there was a registered manager in post. The registered manager understood their role and responsibilities and records showed they had submitted notifications to the Care Quality Commission when incidents had occurred in line with statutory requirements.

We observed that the registered manager was visible and responsive to the needs of people living at the home. On one occasion we saw the registered manager talking to and reassuring a person who was distressed and tearful. It was clear that the person felt comfortable with the registered manager and gained reassurance from the interaction. On another occasion, we saw that the registered manager supported a person to eat their meal in a patient and attentive manner. The registered manager was very knowledgeable about the changing needs of people who lived at the home. They told us that they performed a 'daily walk around' to ensure they were aware of current issues which could impact on the quality of the service provided.

Internal systems were in place and effective in monitoring the quality of the service provided. For example, weekly checks were made on the dining room experience to help ensure that people were receiving the support they required at mealtimes. Regular audits were also carried out in areas such as catering, medicines, health and safety and falls. These had proved effective in identifying and addressing issues. For example following the results of an audit, an air conditioning unit had been installed in the room where medicines were stored to ensure that temperatures did not exceed recommended safe levels. We saw that analysis was carried out in areas such as falls and accidents and incidents to identify any trends. One person had experienced a high number of falls in the six months prior to our visit and measures had been put in place, such as a sensor mat, to help keep the person safe. We did see that cleaning schedules had not always been completed. The registered manager told us that night staff had left notes detailing what cleaning activities they had carried out on occasions when the cleaner had been absent but these were not always clearly documented. The registered manager told us that they would improve these systems.

The registered manager told us that they were well supported by the provider and were visited on at least a monthly basis by a representative of the provider. Checks were carried out by the provider in the form of quarterly inspections and the registered manager received feedback from these visits to help drive improvements at the home.