Wollaton View Limited

Wollaton View Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 27 September 2017. Wollaton View Care Home provides accommodation for a maximum of 46 people who require nursing or personal care. On the day of our inspection 19 people were using the service. This was the home's first inspection since its registration on 5 December 2016.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's safety was protected and the risk of harm reduced because staff could identify the potential signs of abuse and knew who to report any concerns to. Regular assessments of the risks to people's safety were carried out, although plans to evacuate people in an emergency required more detail. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager. People were supported by an appropriate number of staff. People's medicines were managed safely.

People were supported by staff who had completed an induction and training programme. Staff received supervision of their work and felt supported by the registered manager.

The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care although assessments required more specific details about the decisions being made. Deprivation of Liberty Safeguards were in place and managed effectively. People spoke positively about the food provided at the home. People had access to external healthcare professionals when they needed to.

People were supported by staff who were kind, caring and compassionate and were knowledgeable about their needs. Staff responded quickly if people showed signs of distress. People were treated with dignity and respect, although private space was limited throughout the home. People's diverse needs were respected. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People felt activities were provided too infrequently. A new activities coordinator had been recruited and was due to start working at the home. The home had not been appropriately adapted or decorated to support people living with dementia. People's care records were detailed and provided appropriate guidance for staff to support people effectively, however daily records in relation to people's fluid intake were not always completed appropriately. There were some gaps in people's records in relation to the administration of topical medicines. People felt able to make a complaint and were confident it would be dealt with appropriately.

The home was well led by a dedicated, enthusiastic and caring registered manager. They were supported by an effective team of staff who carried out their roles with confidence and dedication. Representatives of the provider played an active role in driving improvements at the home.
People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Quality assurance processes were in place and these were effective. The registered manager had started to support people with becoming actively involved with their local community.

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's safety was protected and the risk of harm reduced because staff could identify the potential signs of abuse and knew who to report any concerns to.

Regular assessments of the risks to people's safety were carried out.

Plans to evacuate people in an emergency required more detail. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

People were supported by an appropriate number of staff.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had completed an induction and training programme. Staff received supervision of their work and felt supported by the registered manager.

The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Some assessments required more detail.

People spoke positively about the food provided at the home.

People had access to external healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and compassionate and were knowledgeable about their needs. Staff responded quickly if people showed signs of distress.

People were treated with dignity and respect, although private space was limited throughout the home. People's diverse needs were respected.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People felt activities were provided too infrequently.

The home had not been appropriately adapted or decorated to support people living with dementia.

People's care records were detailed and provided appropriate guidance for staff to support people effectively. However, some daily records and topical medicine administration charts were not always completed appropriately.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The home was well led by a dedicated, enthusiastic and caring registered manager. They were supported by an effective team of staff who carried out their roles with confidence and dedication.

Representatives of the provider played an active role in driving improvements at the home.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

Quality assurance processes were in place and these, on the whole, were effective.

The registered manager had started to support people with

becoming actively involved with their local community.

Wollaton View 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.

This inspection took place on 27 September 2017 and was unannounced.

The inspection team consisted of one inspector, an interim inspection manager 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 our inspection, we reviewed information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We contacted local authority commissioners of adult social care services, the local clinical commissioning group (CCG) and Healthwatch and asked them for their views of the service provided.

We spoke with seven people who used the service, two relatives, a visiting friend, three members of the care staff, two care plan coordinators, the cook, the registered manager and two representatives of the provider. We also spoke with two visiting healthcare professionals during the inspection.

We looked at the care records for three people. We also looked at parts of the care records for a further eight people and we reviewed the medicine administration records of 13 people. We also looked at a range of other records relating to the running of the service including audits, policies and staff recruitment files.

Good

Is the service safe?

Our findings

People and their relatives told us they or their family members felt safe at the home. One person said, "The staff show no abusive behaviour. They are here to help." Another person said, "The staff are wonderful. There's no bullying and we have weekly fire safety checks." A relative said, "I trust them [staff]. The staff are pretty good. I've never seen any shouting."

Processes were in place to reduce the risk of people experiencing avoidable harm. People told us they felt able to speak out if they thought they or others were at risk. One person said, "I'd speak to a carer first and they would pass it to a manager, although I have no concerns." A safeguarding policy was in place. Staff had received appropriate safeguarding adults training and the staff we spoke with understood who to report concerns to both internally and externally such as to the CQC or local safeguarding teams. A staff member said, "I did safeguarding training. It could be neglect, physical abuse, sexual abuse, I have no concerns. I would report it to CQC, safeguarding, the owners or the police if I was concerned about anything."

People's care records contained assessments of the risks to their health and safety which they could experience whilst living at the home. This included the risk of falls and nutritional risk. Where risks had been identified preventative measures were put in place to support people. This included equipment to reduce the risk of the development of pressure sores and adjustments to people's food to support people who may be at risk of choking.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Although we noted there had been a high number of falls within the home, we saw that the reason for each fall had been reviewed, guidance had been sought from specialists where needed and then preventative measures had been put in place to reduce future risk.

People and relatives told us they did not feel unnecessary restrictions were placed on them or their family members. One person said, "I can choose what I want to do. I can sleep and get up when I want. I can read papers and watch television in my room if I wish. I try to keep independent but I need help with my washing." We observed people being assisted to move around the home independently, with some using walking aids for support. Where staff support was needed this provided with encouragement and a smile, encouraging independence where able, but offering reassurance where needed.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment was carried out. We observed staff supporting people with moving around the home and saw the equipment they used to do so was used safely. Personal emergency evacuation plans (PEEPs) were in place to evacuate people safely in an emergency. The plans recorded how many staff would be needed to support each person and people had been prioritised on their ability to understand the need to evacuate if they were able to do so alone. However, we did note the plans were limited in terms of recording the equipment

people may use and did not contain guidance for supporting people who may be reluctant to leave as a result of their dementia or other mental health condition. The registered manager told us they would amend these plans to ensure they contained this information.

People and their relatives felt there were sufficient numbers of staff at the home and staff on the majority of occasions responded quickly when support was needed. One person said, "Sometimes I have to wait. Overall there's enough staff but they could do with more on occasions." Another person said, "Staff come quickly and I don't have to wait long." A relative said, "Overall I think there are enough staff," although they did also say they thought that when staff went on their breaks it could sometimes leave the numbers low in the communal areas. Our observations throughout the inspection showed that there were enough staff to support people for the majority of the time. On occasions such as at lunch time if staff were called away, this did leave the number of staff available to support people being reduced, however these periods of time were short and had little impact on people's safety.

Staff spoken with told us they generally thought there were enough staff in place to support people. One staff member said, "Yes there are enough staff, if two people are on breaks one person can be called off." Another staff member said, "Staffing can be hit and miss, it can be a rush one moment, then other times it is good."

Individual dependency assessments had been completed to assist the registered manager in identifying people's changing care needs. They told us the number of staff used to support people had not changed in the ten months the home had been open, but if a person's need significantly changed, such as them requiring continuous supervision, then they would ensure staff numbers were increased. Throughout the inspection we noted calls bells were responded to quickly.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working at the home. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.

All of the people we spoke with told us they were happy with the way their medicines were managed at the home and the support they received from staff where needed. One person said, "I'm on a lot of tablets to keep me going. I take them myself. I have had chats with the doctor about dosages and been listened to." Another person said, "I get my medicines regularly on time. I know what they are for. Staff give me the tablets and I take them myself. It is always recorded."

We observed a member of staff administer medicines to people and they did so safely and line with people's personal preferences as recorded within the medicine administration records (MAR). People's MAR also contained a photograph to aid identification and to reduce the risk of misadministration, details of people's allergies were also recorded. MARs were also used to record when a person has taken or refused their medicine and we found these had been completed appropriately. We checked the stock levels of people's medicines and found no discrepancies for the 13 people we reviewed.

Medicines were stored safely within locked cabinets and fridges inside a locked room. Temperatures of the room, fridges and cupboards used to store people's medicines were recorded and were in the majority of cases within the recommended safe limit. The senior staff member we spoke with told us plans were in place to provide additional air conditioning units in the room to assist with more stable temperature control.

When medicines were prescribed in the form of skin patches, the site of application of the patch was rotated

in line with good practice. The registered manager told us they would remind all staff responsible for administering these medicine to ensure they were recorded appropriately. Protocols were mostly in place to provide additional information about how medicines should be given when they were prescribed to be given only 'as required'. 'As required' medicines are not given at set times of the day and are only administered if a person is showing signs that the medicines are needed, such as an increase in pain or agitation. The registered manager told us they would address this by reviewing all records which state medicines are to be administered as required.

Good

Is the service effective?

Our findings

People spoke positively about the way staff supported them and felt the staff were knowledgeable and well trained. One person said, "The staff are well trained and well chosen for the job." Another person said, "The staff are trained very well. They lift me safely. I have no accidents, bruises or sores." A third person said, "They know me exactly. If I'm not well they provide me with what I need."

Staff received an induction when they first came to the home and regular training thereafter, to provide them with the skills needed to support people effectively. Records viewed confirmed this. Many of the staff had either completed or were in the process of completing their Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff training was up to date. As the home had been open for less than a year, the requirement to carry out refresher training for the training the provider had deemed mandatory for staff to complete was not yet needed. However, the registered manager told us they were already putting plans in place to ensure that safeguarding adults training would be the first to be renewed in the coming months.

The staff we spoke with felt well trained. One staff member said, "I have done the Care Certificate. I have done MCA and end of life training. I really enjoyed this; I would like to do more. We learned about the signs of pain, non - verbal signs and also family relationships." Staff felt supported by the management team and they received supervision of their work. Staff spoke highly of the registered manager and told us when they needed support the registered manager was always available to discuss any concerns they had about their role.

Almost all care staff had completed external professionally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. The registered manager told us they wanted to develop a high performing, highly qualified team of staff and encouraged staff to undertake these qualifications wherever possible. One staff member said, "I have done my NVQ Level two and they [the registered manager] has asked me about doing Level three."

Staff communicated effectively with all people living at the home, this included people living with dementia. We observed staff talk patiently with people, waiting for answers to questions asked and speaking slowly and more clearly where needed. This resulted in positive responses from people living at the home.

Throughout the inspection we observed that staff asked for people's consent before providing them with care and support. For example, one person wished to move from one part of the home to another. The staff asked them if it was ok for them to go and get the hoist to help to move them and the person agreed. Other people were asked where they wanted to sit or whether they were happy to receive their medicines before staff made decisions.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments to ensure decisions that were made adhered to the principles of the MCA. We noted relatives were involved with this process. Some assessments were vague in places and best interests decision documentation did not always record in specific detail the decisions that were being made for people. For example, in two people's records the decisions made related to people's 'day to day health needs'. The registered manager agreed this description was too generic and assured us they would carry out a review of these records to ensure more detail about the specific decision was recorded. We did see some assessments had been completed in more detail in relation to people's medicine and finances.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for three of these people and saw the staff adhered to the terms specified.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. These had been completed by the person's GP or other appropriate professional person. This meant that the decision for CPR to not be carried out had been taken, if it may have a detrimental effect on the person's on-going health.

The people we spoke with told us they liked the food provided for them at the home. One person said, "The food is very good. I get a choice of two meals. The catering staff come around and ask me what I want for lunch and tea. There is plenty of juice and water in my room. I get plenty to eat. Staff always ask me if I want any biscuits." Another person said, "The food is always good. I eat all of it. My appetite is good and there is a good choice. There is always juice on tables or in the bedroom." A visiting relative said, "The food is fantastic."

We observed the lunchtime experience in the dining room. People told us they enjoyed their lunch. The serving of meals was organised and people were provided with food in a timely manner. People received drinks and if people wanted more food or drink, this was provided. The majority of people were able to eat unsupported, but those that did require assistance from staff received the support they needed. We noted people were offered drinks throughout the inspection to ensure they remained sufficiently hydrated. Where people were at risk of dehydration or malnutrition guidance from external professionals such dieticians had been requested.

The cook, along with other staff, had undertaken a nationally recognised qualification in catering and food hygiene and held information about people's allergies and food preferences. The cook spoke knowledgably when we asked them about the specific dietary requirements for one person. They also told us people were involved with choosing the meals at the home and a five week, seasonally rotated menu was in place to ensure variety for people.

People told us their daily healthcare needs were managed well by the staff. People had regular access to a wide range of external healthcare professionals such as GP's, dentists and chiropodists. One person said, "The staff get the doctor for me. I have also had new glasses since coming here and the optician came and

adjusted them. I see the hairdresser every week and the chiropodist every six weeks."

People's records showed staff referred people to external healthcare professionals when needed. These referrals included; speech and language therapists, physiotherapists, the dementia outreach team, opticians and falls specialists.

Good

Is the service caring?

Our findings

People told us they felt the staff were kind and caring and they enjoyed living at the home. One person said, "The staff are very good. I can confidently approach them. They are happy and joyful and not miserable. They always ask me how I am." Another person said, "They are brilliant. I get such a lot of care and attention." A relative praised the fact they were made to feel welcome at the home and the staff provided them with a meal so they could sit with their family member and have lunch together.

We observed a number of kind and compassionate interactions between staff and people. We saw staff hoisting people safely and providing reassurance as they did this, the person they were supporting was relaxed and staff checked their welfare. We observed staff ensuring people were warm, well dressed and when people showed any signs of distress, staff were there to reassure them.

People were supported by staff who had a good understanding of what was important to them. The staff we spoke with were able to describe people's care and support needs, but also what was important to them and what people's likes and dislikes were. People's care records contained information about their life history and staff used this information to form meaningful relationships with people. A person described their relationship with the staff, they said, "They are very friendly and caring. Every one of them."

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. People were supported to attend a church service once a month. If people were unable to attend then representatives of local churches from all denominations of the Christian faith were invited to provide a church service and where appropriate, communion, for people within the home.

People were supported and encouraged to contribute to decisions about their care and support needs and people told us they were aware of their care plan and had been involved with agreeing what care they needed. One person said, "I have a care plan in the office. It's been updated recently." Another person said, "I have a plan in a blue book in my bottom drawer with all my details in it." A relative told us they were also involved with the planning of their family member's care and were kept informed of any changes to their health.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We saw people were supported to be as independent as they wanted to be and were encouraged by staff to do as much for themselves as possible. People told us about the support they got with their personal care routine. One person told us the staff knew what they could and couldn't do for themselves. Our observations throughout the inspection reflected a team of dedicated and effective staff who supported people safely without restricting their ability to lead independent lives.

People and their relatives told us they felt staff treated them or their family members with dignity and respect. People told us they were able to have a bath or shower when they wanted and staff supported them with doing so. We noted people looked well-presented and staff clearly made efforts to ensure all people were wearing clean, matching clothes. One person told us they had discussed the frequency with which they would have a shower and this was respected by staff. They also said, "I'm happy with that."

People's privacy was respected within the home. People were able to spend time alone in their bedrooms if they wished. People told us staff were respectful of their privacy and ensured when personal care was provided they did so respectfully ensuring curtains and doors were closed. We did note that there was limited space throughout the home if people wished to have some privacy or to meet with family and friends away from their bedrooms. The first floor of the home had no communal living space. We raised this with the registered manager. They told us the downstairs communal lounge and television area could be separated into two separate rooms and relatives did on occasions use this facility to meet with their family member privately. However, it was also acknowledged that this then prohibited other people from using this area if they wished to watch television. The owners of the home told us they would carry out a review of the home, prioritising the first floor to see where additional private space could be provided for people.

People's care records were handled respectfully. People's care records were kept in a locked cabinet within the registered manager's office. However, we did note that some daily records were kept in the corner of the dining area of the home. Whilst these records were stored discreetly people could still access these records posing a risk to people's privacy and confidentiality. The registered manager told us they would address this.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We did note that relatives were encouraged not to attend during the main meal times during the day; however the registered manager assured us they would never prohibit relatives from visiting at any time of the day.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we noted that whilst the home was clean, well maintained and well presented, the home had not yet been fully adapted or decorated to support people living with dementia. The home lacked directional signage which could make it difficult for people living with dementia to orientate themselves around the home. We also noted corridors; walls, handrails and people's bedroom doors had not yet been painted or decorated in individualised colours which could pose further problems for people living with dementia to identify important parts of the home. Disorientation and bewilderment are a common experience for people living with dementia and this can become distressing. The environment which people live can be made more supportive and enabling with simple additions such as ensuring parts of the home such as bedroom doors and corridors are highly visible, are adequately lit and have enough contrasting colours to allow people to see properly. This was not yet in place. The owners of the home told us that they were aware that although the home had only been open for ten months, more needed to be done to support people in this area and they would prioritise the decoration of the home.

Before people came to stay at the home a detailed pre-admission assessment was carried out to ensure people could receive the support they needed. Care plans were then formed for each person which detailed how they liked to receive care and support from staff. These care plans included information about people's ability to eat and drink independently, mobilise around the home, the support needed with personal care and the activities they liked to take part in. These records were regularly reviewed with people involved with these reviews where they were willing or able to do so. Where people required more specialised support from staff, for example with regular repositioning to prevent pressure sores, daily records were completed to show this had been provided.

We did note two areas where these records were not always completed as accurately as required. When people's fluid intake was being monitored by staff the amounts people were drinking were recorded, however the total daily amount was not recorded, nor was the person's individual daily recommended total consumption. This would then make it difficult to identify any reduction in the recommended amount consumed, which could pose a risk to their health. The registered manager assured us people did receive enough to drink however they would ensure these records would be monitored more effectively. We also noted that when topical medicines such as creams had been administered this was not always recorded on people's records. Again, the registered manager told us they would address this.

We were informed by the registered manager that an activities coordinator was not currently in place at the home; however one had been recruited and was due to start working at the home shortly. They told us the activities coordinator from another home from within the group occasionally came to Wollaton View to provide some activities until the new activities coordinator started at the home. They also told us some outings to the local park and pub had been arranged but plans to expand these trips further would take place, once the new activities was in place.

People told us they were able to take part in some activities but felt more could be done to improve the activities at the home. One person said, "I enjoy doing the colour therapy books. I like all kinds of music and

have my DVD's. There hasn't been an awful lot of activities here recently. The (activities) organising lady left." Another person said, "I did bingo this morning. We haven't done that for a while. I also have my own books. We used to be able to go out to the garden but the staff don't bother anymore." A third person said, "In the past staff used to take people to the garden in their wheelchairs. It would be nice to do so. It's not such a well-known thing as it used to be. I just come down and sit down and eat and that's it." A fourth person said, "There are mostly ladies here. So, it would be good to have a place to watch football on telly."

During the inspection we noted some activities were taking place with the activities coordinator from the other home within the provider group. People took part in bingo, completing puzzles and a reminiscence exercise about identifying parts of the City from older photographs. These sessions were engaging, well attended and people clearly enjoyed them. The registered manager assured us once the new activities coordinator commenced their role these sessions would be more frequent with people's personal interests and hobbies taken into more into account.

People and their relatives felt able to make a complaint if they needed to, although no-one had yet felt the need to follow the formal complaints process. One person said, "I've never made a complaint. I would feel confident to make a complaint to the chief manager or a carer." Another person said, "For a complaint I would go to the office. I know them [the registered manager] enough to talk to." A relative told us they had made a complaint to the registered manager about the limited opportunities for people to go outside into the garden. They told us some improvement had been made in this area.

Relatives told us they felt any concerns they had raised about their family member's care and support needs were dealt with quickly. One relative told us they were pleased their family member was now supervised more closely and another relative told us the home had provided a new chair for their family member which they were grateful for. Staff could explain what they would do if a person made a complaint to them.

People were provided with a complaints policy which was also displayed within the home. The policy contained details of who people could make a complaint to, both internally and to external agencies. We saw processes were in place to manage and respond to people's complaints within a timely manner ensuring people's complaints were treated equally, although no formal complaints had yet been received.

Good

Is the service well-led?

Our findings

Wollaton View Care Home is a relatively new home offering good care for the people living there. The home is managed by a caring, dedicated, enthusiastic and experienced registered manager, supported by a provider who wishes to actively improve the lives for all people. There is a stable team of staff in place that is managed well by the registered manager.

People spoke highly of the registered manager and praised her approach. One person said, "I think the home is well managed. Everybody mixes together." A relative said, "I know the manager and can talk to her." Visiting professionals and staff also spoke highly of the registered manager. One staff member said, "The home is run very well, the best place I have ever worked. The management are approachable, there is no bother, the residents and families are great."

People, their relatives and staff were able to give their feedback during regular meetings and action plans were developed to act on the feedback. One person said, "I attended a meeting. It was useful. You can discuss what we want and dislike. The home does follow up. The manager is very good." Another person said, "We have a residents meeting. My family has been to it. I think they are very useful. People put ideas forward and they are taken on board. For example at weekends it was hard for visitors to get in as office reception staff are off. It got sorted." An annual survey to establish people's longer term views had not yet been completed due to the length of time the home had been open. However, to ensure people were able to regularly give their views, people were offered the opportunity to complete monthly feedback forms. The registered manager told us no actions had yet come from these surveys but they would ensure they would act on them if the need arose.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the local authority safeguarding team. The manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

Quality assurance systems were in place to help drive improvement at the home. The responsibility for carrying out these audits, in areas such as care plan reviews, environment checks and medication audits were delegated to responsible staff members. We spoke with a care plan coordinator who described their role and how they felt able to contribute to the development of the service. Representatives of the provider also carried out regular reviews of the service and these were used to drive continuous improvement at the home.

The registered manager told us they supported people to feel part of their local community. Local groups

such as Brownies, Guides and church choirs were regularly invited to the home to meet with people and to talk with and perform for them. Local school children were also invited to engage with people which the registered manager told us was enjoyed by all. The registered manager told us that people living at the home had been invited to officially open the new local supermarket which was enjoyed by the people that went. The registered manager told us they wanted people to go out and become involved with their local communities more often and would be looking at ways for this to happen in the future.