

HC-One Limited

Beeches Care Home (Nottingham)

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 

Overall summary

This inspection took place on 27 and 28 January 2016 and was unannounced.

Accommodation for up to 54 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 48 people using the service at the time of our inspection.

At the previous inspection on 17 and 18 February 2015, we asked the provider to take action to make improvements to the areas of safe care and treatment, meeting nutritional and hydration needs, good governance and staffing. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all areas.

Summary of findings

There is a registered manager and she was available during the 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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People did not always receive personalised care that was responsive to their needs. People were not being fully supported to follow their interests and take part in social activities. Care records did not always contain sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines and infection control practices were followed.

Good



Is the service effective?

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

Good



Is the service caring?

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Good



Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care that was responsive to their needs. People were not being fully supported to follow their interests and take part in social activities.

Care records did not always contain sufficient information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

Requires improvement



Is the service well-led?

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

Good



Summary of findings

There were systems in place to monitor and improve the quality of the service provided. The provider was meeting their regulatory responsibilities.

Beeches Care Home (Nottingham)

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 and 28 January 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nursing advisor.

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. Before our inspection, we reviewed the PIR and

other 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 also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with 12 people who used the service, seven relatives, two visiting professionals, the maintenance person, three care staff, a nurse and the registered manager. We looked at the relevant parts of the care records of 10 people, three staff files and other records relating to the management of the home.

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.

Is the service safe?

Our findings

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient staff to keep people safe. At this inspection we found that improvements had been made in this area.

People told us there were enough staff to ensure their safety. A person said, "There's always someone around looking out for you." Relatives agreed. A relative said, "There's always plenty of staff around." A visiting professional said, "There's always enough staff." Staff told us they felt there were enough staff on duty to ensure people were safe.

We observed that people generally received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were generally visible in communal areas and spent time chatting and interacting with people who used the service. However, staff appeared stretched at times in communal areas because of the layout of the two main lounge areas. A person said, "It's not always easy to get the attention of staff when I'm in the lounge." The registered manager told us that a change in staffing levels was being considered as a result of this.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. We also saw that clear disciplinary procedures had been followed by the service when appropriate.

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not safely administered. At this inspection we found that improvements had been made in this area.

People told us they got their medicines, including pain relief, when they needed them. Relatives also confirmed this. We observed the administration of medicines and saw staff stayed with people until they had taken their medicines.

Medicine Administration Records (MAR) contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. MARs confirmed people received their medicines as prescribed. On the first day of our inspection, some PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. The remaining PRN protocols were put in place before the end of our inspection.

When health checks were required in relation to the administration of medicines these had been completed and the results were kept with the MAR. A person needed to have their medicines covertly and we saw the person's family doctor and a pharmacist had been involved in the decision.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits.

Staff had attended medicines training and had their competency to administer medicines assessed. Medicines policy and procedures were in place to support staff to administer medicines safely.

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe infection control procedures were not always followed. At this inspection we found that improvements had been made in this area.

Is the service safe?

People and their relatives felt that the home was clean. A relative said, "It always looks very clean and well looked after." Visiting professionals agreed with this. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at some bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed staff followed safe infection control practices.

People told us they felt safe. Relatives told us that they felt their family members were safe. A relative told us their family member had started to give away money to others and lacked awareness of the implications and the registered manager had alerted them to this and staff had intervened to ensure money was returned to the person or put it into the safe for them. A visiting professional said, "I have no issues around safety at the home."

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities with regard to protecting the people in their care. A staff member told us they would report any concerns to the registered manager and they were sure they would take action. They said they could report to the local authority's safeguarding team if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. People told us they could get up and go to bed when they wanted to and were not restricted by staff. We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained a number of risk assessments according to their individual circumstances including risks of pressure ulcer, falls and bedrails. Care plans were in place which identified the interventions in place to reduce these risks and when we checked the care people were receiving, this corresponded with the information in the care plans. Risk assessments had been reviewed monthly.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening. A group of staff met as an internal falls team and considered actions that could be taken to minimise the risk of falls.

People told us that the premises and their possessions were safe. They also told us that equipment was safe and well maintained. We saw that the premises were well maintained and safe. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified. Staff told us they had sufficient equipment to meet the needs of people they cared for. They said that equipment was repaired quickly if it malfunctioned and they could order new equipment if needed. They said, "If we need something, we get it quickly."

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. An emergency contingency procedure was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

Is the service effective?

Our findings

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not fully supported to have the knowledge and skills they needed to carry out their roles and responsibilities effectively. At this inspection we found that improvements had been made in this area.

People told us that staff were sufficiently skilled and experienced to support them effectively. A person said, "The nurses know what they are doing!" A relative told us that staff supported their family member well. We observed that staff competently supported people.

Staff felt supported. Staff told us they had received an induction. A staff member said, "I thought the induction was excellent and I have enjoyed it." A staff member told us they were up to date with their mandatory training and they received frequent updates. They told us the manager asked them to identify any additional training they felt they needed and this would be organised. They told us they had supervision approximately four times a year and had had an annual appraisal. Staff felt they had had the training they needed to meet the needs of the people who used the service. Training records showed that staff attended a wide range of training which included equality and diversity training. A plan was in place to ensure that staff remained up to date with their training.

Staff told us that they had received supervision. Supervision records contained appropriate detail. Appraisals had been completed for a number of staff recently and contained appropriate detail.

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's nutritional and hydration risks were not always effectively managed. At this inspection we found that improvements had been made in this area.

People were happy with the quality of food. A person said, "It's good food." People told us that they were offered choices. A relative told us their family member had

mentioned they missed having a glass of beer with their lunch and as a result, beer was now provided, initially for their family member and when other people said they would like one it was offered to other people. They also said, "[My family member] is very happy with the food. They have put on weight and food is always plentiful." People told us that they had sufficient to eat and drink. We saw that people were offered drinks throughout the inspection. A large print menu was provided in the dining room to assist people to make choices.

We observed the lunchtime meal in the dining room and one of the lounges. People received their meals promptly and when people needed assistance staff sat with them and helped them without hurrying the person. Staff encouraged people, but not all staff assisting people described the food to the person who was eating. This can be important when assisting a person with cognitive difficulties to encourage them to eat.

Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that these were completed consistently. People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. People were weighed weekly and monthly as required and appropriate action taken if people lost weight.

One person was receiving nutrition from a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were involving an external professional and supporting the person appropriately with this need.

We saw that the service had achieved the Soil Association 'Food For Life' bronze catering award. This is an award that recognises catering which focuses on removing harmful additives, trans fats and genetically modified food from the menu, and catering which ensures that the majority of food on the menu is prepared freshly.

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

Is the service effective?

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed.

People told us that staff asked for consent before providing care. A person said, “They explain what they are going to do.” Relatives told us that staff asked for consent and respected their family member’s choices. A staff member said, “When I have gone to support someone, sometimes the [person who uses the service] has said, I don't feel like it can you come back later. If I'm going to support someone [the person who uses the service] tell me when.”

We saw that staff talked to people before providing support and where people expressed a preference staff respected them. When bed rails were in place, consent to their use had been obtained from the person and the issue discussed with people’s close relatives where appropriate. Consent had also been obtained from people to the use of photographs in their care records.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person’s best interests. DoLS applications had been made appropriately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Staff were able to explain how they supported people with behaviours that may challenge others and we saw that when a person was beginning to resist personal care and becoming more reclusive, a referral had been made to specialist services to obtain advice on the management of the person.

People told us that they saw external professionals when they needed to. This included a GP, optician and chiropodist. A relative said, “They have had the doctor in several times.” They said that staff noticed when their family member was feeling a little unwell and sought the input of the doctor when necessary. A visiting professional told us that staff followed their guidance. Staff told us people’s health was monitored and they were referred to health professionals in a timely way should this be required.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician and the tissue viability nurse.

Where people required pressure-relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. Records to indicate their position had been changed in line with their care plans were fully completed. There was documentation related to wound management which showed that dressings had been changed in line with professional advice.

A person said, “The décor is really nice.” Adaptations had been made to the design of the home to support people living with dementia. The home was bright and colourful with photographs of the local area displayed on corridor walls to prompt conversations and help orientate people to where they were in the building. Bathrooms, toilets and communal areas were clearly identified and people’s individual bedrooms were identifiable and work was in progress to further improve the environment. However, not all bathrooms and toilets had signage to show whether the room was vacant or engaged.

Is the service caring?

Our findings

People told us that staff were kind. One person said, “The staff are very caring.” Another person said, “The staff are very genuine.” Relatives told us they felt staff were kind and caring and they had not observed anything which had given them any concerns in relation to staff attitudes. A relative said, “Staff are very good they can’t do enough for the residents.” Another described in detail how staff had supported and comforted their family member. They said, “Staff have been absolutely wonderful.”

Staff were able to describe people’s care needs and their preferences. People told us that staff knew them well. A relative said, “They know [our family member] very well.”

People felt comfortable with staff and interacted with them in a relaxed manner. Staff were kind and caring in their interactions with people who used the service. We saw staff responded appropriately to people when they showed distress or discomfort. We observed people being moved safely using a hoist and staff offered reassurance during the process.

Most people told us that they had not seen their care plans. However one person said, “I was quite happy with my care plan.” Most of the relatives we talked with said they had been involved in the development of the person’s initial care plan or that the person’s care had been discussed with them.

Although most people had not signed to show they had been involved in the planning of their care, care records contained information which showed that had been involved in decisions about their care. For example, one

person had needed a urinary catheter and their care plan stated, “Discussed at length with [the person who used the service] and the District Nurse and [the person who used the service] agreed to having a catheter.”

Advocacy information was displayed in the home and was also in the guide for people who used the service. People can request an advocate if they require support or advice from an independent person.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us.

People told us that they were treated with dignity and respect and staff maintained their privacy. People and relatives told us that staff knocked on bedroom doors before entering them. A visiting professional said, “People are never left uncovered and people are always taken to their bedrooms before any examinations take place.”

We saw people being treated with dignity and respect. Staff protected people’s privacy by knocking on people’s bedroom doors before entering the room and we saw staff dealing sensitively with situations which may have caused people embarrassment. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to explain how they maintained people’s dignity and privacy. Staff received dignity training. We saw that staff treated information confidentially and care records were stored securely.

People told us that staff supported them to be independent. A relative told us they encouraged their family member to be independent. We saw adapted plates were used where necessary to enable people to be as independent as possible at mealtimes.

Is the service responsive?

Our findings

People provided mixed feedback on whether they received personalised care that was responsive to their needs. Three people told us staff responded quickly when they needed them. Another person told us this was the case most of the time. However, a person said, “I don’t think they come back quick enough. They say they’ll be back in a few minutes and I time them and they are longer than that.” When asked if people’s needs were met promptly, one relative said, “They are not that quick.” Another relative said, “I wish [staff] would prompt [my family member] more. If they prompted [my family member] in the right way they might participate in activities.” Another relative said, “I think staff need to be a bit more patient as [my family member] takes a bit of time to answer questions.” They also told us they had informed staff of some of their family member’s preferences and staff had not always provided care in line with them.

A staff member said, “[Staff] fit around them [the people who uses the service] they don’t fit around us” However, another staff member told us they felt more staff were needed. They said, “You would always want more.” When asked if they felt there was an impact on people using the service they said that at times people had to wait for assistance and sometimes people became agitated when waiting. Following lunch we observed a person starting to bang on the arm of their wheelchair as they waited to be assisted into their chair.

We observed at least two people were left at the dining tables with their breakfast for the entire morning. During this time there was very little intervention by staff to encourage them to eat and they were not asked if they would like to move to the lounge. A relative told us they had noticed their relation was often sitting in their wheelchair and had asked that they were assisted to sit in a chair rather than being left in their wheelchair, but when they visited the person was in a wheelchair. We also noted that a relative had put a request with the fluid chart for staff to provide their relative with a particular type of drink as they were reluctant to drink but the chart indicated that although the person had had a reasonable fluid intake the particular drink had not been given.

A person said, “There’s not many activities really.” Relatives told us they felt there could be more activities for people. They told us about some activities which happened from

time to time which they said people enjoyed such as singalongs, entertainers, and card making. However one relative said, “Most people do sit around for long periods.” Another person said the home had a bus but trips were infrequent and only small numbers of people could be taken out at any one time.

We saw some activities taking place throughout our inspection. People were encouraged to go to the lounge and join in with some music and dancing. Some people who couldn’t mobilise were provided with musical instruments to play in time with the music.

Activity records had limited entries recorded for January 2016 and an activities coordinator was working at the service for two days a week. The registered manager told us that the range of activities would be further improved as were in the process of recruiting an additional activities coordinator.

People told us they could receive visitors at any time. Relatives told us they could visit whenever they wanted to. We observed that there were visitors in the home throughout our inspection. Visiting arrangements were set out in the guide for people who used the service.

People’s care records contained an initial assessment when the person first came to the home and this included information about their preferences. Care records contained some information on the person’s life history and interests. Some care records also contained a “Resident Profile” which included information on things which were important for the person and their personal care needs. However, the information was not consistently in place for all people and the registered manager described plans in place to address this issue.

Care plans contained guidance for staff on how to meet most of people’s individual needs and had been regularly reviewed. However, guidance was not in place for some identified needs for some people. These areas of care included epilepsy, behaviours that may challenge and falls. Care reviews had been completed with some people who used the service and their relatives, however; a care review had not been carried out with the majority of people and their relatives, though plans were in place to address this issue. This meant that there was a greater risk that staff would not have sufficient information to meet people’s up to date individual needs at all times.

Is the service responsive?

Care records contained information regarding people's diverse needs and provided some support for how staff could meet those needs, however it was sometimes limited. A person was noted to like 'Jamaican food' but no examples were given in the care records, however, a file kept by the cook provided more detail.

People told us they knew how to complain. Relatives we talked with did not recall being advised about the complaints procedure but they said the information had probably been provided with the literature they had been given when the person came to the service. They told us they had not needed to make a complaint but if they had a

concern they would talk to the manager. One relative said, "If I mention something, staff act on it straight away." Another relative said the manager had told them, "If you have an issue come to me straight away, don't let it fester."

Staff were clear about how they would manage concerns or complaints. The staff member said, "I will get as much information as I can about the complaint and then give as much reassurance as possible and if I can't resolve it I will give it to the manager to respond to." Complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the manager and also by representatives of the provider. Audits were carried out in the areas of infection control, care records, medication, health and safety, mealtimes and catering. We saw that checks were made to ensure that nurses remained registered with their regulator. Action plans were in place where required to address any identified issues.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that safeguarding concerns were responded to appropriately and notifications were made to the CQC as required. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Some people told us that they had been to a meeting for people who used the service to discuss the service; however, other people told us they had not been to a meeting. A relative told us there had been some meetings for relatives and they were able to attend these and raise any issues and questions during the meeting. Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. There were notices displayed in the home to inform people and their relatives of the upcoming dates for the monthly meetings.

We saw that surveys had been completed by people who used the service and their families. Responses were positive and actions had been taken in response to any identified concerns. A summary of the responses and actions taken by staff was displayed in the home.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. A staff member said, "I won't accept anything I'm not happy with and feel able to whistleblow if needed." The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the home. We saw that staff acted in line with those values. A member of staff told us the aim of the service was to provide a friendly, happy atmosphere and to make people who use the service happy and as comfortable as possible.

People told us that the atmosphere at the home was very good. A person said, "It's a wonderful place and I'm glad I came here." We observed that the home was calm and relaxed. People who used the service and staff joked with each other. A relative said, "When you walk in, it's friendly and calm and homely." The registered manager regularly spent time talking with people and observing interactions between staff and people to ensure that they were aware of the day-to-day culture in the service.

People knew who the manager was and told us she was very approachable and listened to them. One person said, "She's a very good manageress." They told us how the registered manager had provided them with support and the person was very grateful. Another person said, "The boss is lovely. If you ask her anything she'll do it." Relatives we talked with were clear about who the manager was and told us she was readily available and kept them up to date with information about their relative. They told us she was very approachable and they felt they were able to talk to her about any issues.

A member of staff said the manager was readily available and they felt they could talk to her about any concerns. They said they could also contact her by telephone when she was not on duty and there were always area managers on call if necessary. They said, "If she is at home and we ring to say we are short of staff, she is on her way immediately." Another staff member said, "[The registered manager] is a friend to us. [The registered manager] says [people who use the service] are like our family." A visiting professional said, "The home is much more organised now."

A registered manager was in post and she was available during the inspection. She clearly explained her responsibilities and how other staff supported her to

Is the service well-led?

deliver good care in the home. She felt very well supported by the provider and told us that sufficient resources were available to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met and notifications had been sent to the CQC when required. The current CQC rating was clearly displayed in the main reception.

We saw that regular staff meetings took place and the manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way. A staff survey had been completed and actions had been taken to address any identified concerns.