

Firstsmile Limited Framland

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

Framland provides personal care and accommodation for up to 31 older people some of whom have dementia. On the day of our inspection there were 23 people living at the service.

At the last inspection in May 2017, the provider breached Regulation 17, Good Governance. The service was rated as overall 'Requires Improvement' with a 'Requires Improvement' rating in the Safe, Effective, Caring and Well-led domains. The provider wrote to use to say what they would do to meet legal requirements in relation to the breach.

At this inspection carried out on 7 August 2018, we found the provider had implemented the necessary improvements to support the rating of 'Good'.

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

People told us they felt safe living at Framland. Their relatives agreed with what people told us. The registered manager and the staff team knew their responsibilities for keeping people safe from avoidable harm and knew what to do if they were concerned people were being harmed.

People's care and support needs had been assessed prior to them moving into the service and the risks associated with their care and support had been regularly reviewed and managed. Checks had been carried out on the environment in which people's care and support was carried out, and on equipment used, to ensure it was safe.

The registered manager made sure lessons were learned when things went wrong to ensure people were provided with a safe place to live.

People were supported with their medicines in a safe way and staff competency in administering medicines had been checked to make sure people were supported effectively.

The registered manager followed the provider's recruitment process. Checks had been carried out on new members of staff to make sure they were suitable to work at the service and relevant training had provided them with skills and knowledge to care for people.

People told us they thought there were currently enough staff members on duty to meet their care and support needs. The registered manager assessed people's dependency levels on a monthly basis to make sure appropriate numbers of staff were deployed.

Plans of care had been developed for each person using the service and their likes and dislikes and personal preferences had been explored. The staff team knew the needs of the people they were supporting well.

People were provided with a comfortable place to live and there were places within the home which enabled people to either spend time on their own, or with others. Training in the prevention and control of infection had been completed by the staff team and the necessary protective personal equipment was available and used.

The staff team were kind and considerate and treated people with respect. The staff team always obtained people's consent before they offered care and support and they supported people in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff team supported people to make decisions about their day to day care and were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This made sure people's human rights were protected.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well, were overall up to date and accurate. People had access to relevant healthcare services such as doctors and community nurses and received on-going healthcare support.

The staff team felt supported by the registered manager and told us there was always someone available to talk with should they need guidance or support.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and this was displayed for people's information. People were given the opportunities to have a say in how the service was run through the use of surveys, meetings and twice monthly 'surgeries' with the registered manager.

A business continuity plan was available for use in the event of an emergency or untoward event and personal emergency evacuation plans were in place should people using the service need to be evacuated from the building.

There were systems to regularly assess and monitor the quality and safety of the service being provided.

The provider and registered manager were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

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 were kept safe from abuse and avoidable harm and the risks associated with their care and support were assessed and monitored.

People received their medicines as prescribed by their GP.

Recruitment process made sure as far as possible only suitable people worked at the service. People's dependency was monitored to make sure appropriate numbers of staff were deployed

People were protected against the risk of infection and lessons were learned and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed before they moved into the service.

People received care and support from a staff team who had the necessary knowledge and skills.

Consent to people's care and support had been sought and the staff team understood the principles of the Mental Capacity Act 2005.

People were assisted to access health care services when they needed them and were supported to eat and drink well and maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

The staff team were kind and considerate and treated people in a caring manner.

The staff team involved people in deciding what care and support they needed.

Information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in the development of their plan of care and these reflected their individual likes and preferences.

The providers complaints process was displayed and people knew what to do and who to speak with if they had a concern of any kind.

People's wishes at the end of their life had been identified and observed.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager effectively monitored the quality and safety of the service.

People told us the service was well managed and the staff team were welcoming and friendly.

The staff team felt supported by the registered manager.

People were able to share their thoughts on how the service was run.

Framland

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 7 August 2018. Our visit was unannounced. The inspection was carried out by 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. Their area of expertise was people living with dementia.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications. Notifications inform us of events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Framland to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 23 people living at the service. We were able to speak with eight people living there and three relatives of other people living there. We also spoke with the registered manager, two senior care workers, three care workers, the chef, the nominated individual and a director of the service. A visiting healthcare professional was also spoken with and they shared their views of the service being provided.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for two support workers and the quality assurance audits the management team had completed.

Is the service safe?

Our findings

At our last inspection in May 2017, we rated the 'Safe' domain as 'Requires Improvement'. People felt there were not always enough staff members available to meet their care and support needs. We also found no suitable arrangements in place for keeping the service clean or hygienic.

At this inspection we found the provider had made improvements to the service.

Since our last visit the registered manager had recruited a full-time activities leader. This meant the care staff were freed from providing activities when the activities leader was on duty, enabling them to concentrate on providing people's care and support.

A dependency tool was used to determine the numbers of staff required for each shift and this was reviewed monthly so appropriate numbers of staff were on duty. On the day of our visit there were three care workers and a senior care worker working during the day and two waking care workers at night. We were told the registered manager also made themselves available to support the staff team when required.

People felt that there were enough staff members available to meet their needs. Relatives we spoke with agreed with what people told us. One person explained, "I don't have to wait long for them [staff] to come, even if I use my buzzer at night." Another told us, "I really like living here. The carers are wonderful. They can't do enough for you and they are available 24/7 which I wouldn't have at home."

Staff we spoke with felt that, on the whole, there were enough staff to meet people's needs. One explained, "I feel there are enough staff generally, but on days when people call in sick, not so." Another told us, "I feel staffing levels are about right." A third explained, "There are three carers and a senior, by the time we get people in, they need more support so we could do with more, we can't always react straight away." Another stated, "It is ok at the minute because we have empty rooms."

Throughout our visit we observed the staff team at work. Call bells were answered promptly and staff supported people in an unhurried way. Some people were sat at the dining tables for a long period of time, but the staff team regularly checked to see if they wished to retire to one of the lounges or into the garden. The majority chose not to. We also saw members of the staff team checking people's safety in the lounges throughout our visit.

Appropriate recruitment processes had been followed to reduce the risks of employing staff unsuitable to work in care. Previous employment had been checked, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service.

Improvements had been made to the environment since our last visit. Flooring had been replaced in the downstairs toilets and the laundry room. Decoration had been carried out in two of the three lounges, and in the first-floor corridor and the carpets on the main stairs had been replaced. The provider was also in the

process of replacing all the windows at the service and work had been carried out to improve the garden area. The dining room carpet was still in a poor condition and we were told this would be replaced the week following our visit. A relative told us, "I think they have spent a bit of money here since [person] came. Things have been decorated and replaced and it's a whole lot nicer to come into. Homely but not clinical."

The premises were on the whole, clean and tidy, though some areas still needed attention, including some of the handrails around the service which were sticky to the touch. We shared this with the registered manager for their attention and action.

Regular safety checks had been carried out on the environment and on the equipment used. Checks had been carried out on the hot water at the service to ensure it was delivered at a safe temperature and yearly checks had been carried out on the portable electrical appliances used, to check they remained in good condition. A fire risk assessment had been completed and fire safety checks and fire drills had been carried out to make sure the staff team were aware of what to do in the event of a fire.

There were personal emergency evacuation plans in place in people's plans of care. These showed how each individual were to be assisted in the event of an emergency. A business continuity plan was also in place in case of foreseeable emergencies. This provided the management team with a plan to follow to enable them to continue to deliver a consistent service should such instances ever occur.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so any risks could, wherever possible, be minimised and properly managed by the staff team. Risk assessments had been reviewed monthly and covered areas such as people's mobility, their nutritional needs and the risks associated with the care and support they required.

Care staff had received infection control training and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit. One of the people using the service explained, "Oh they are always wearing those gloves and aprons when they are helping me or serving food."

The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

People told us they felt safe living at Framland, and safe with the staff team who supported them. One person told us, "I have never felt threatened here by anyone and there are always staff around to sort out any shouting or upset."

Relatives told us their family members were safe living there. One explained, "I know that my [person] is well looked after here and that is peace of mind for me. It's been such a relief to see [person] happy here."

The management team were aware of their responsibility for keeping people safe. They knew the procedures to follow when a safeguarding concern had been raised with them. This included referring it to the local authority who have responsibility to investigate safeguarding concerns and CQC. One explained, "I would report it to safeguarding and social services."

A safeguarding protocol was in place for the staff team to follow and care workers were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They had received training in the safeguarding of adults and knew the procedure they needed to follow when concerns about people's safety had been identified. One care worker explained, "I would alert the manager straight away. [Registered

manager] would act 100%. I have done it before and it was dealt with." Another told us, "I would go straight to the manager."

People received their medicines in a safe way. The provider's medicine policy was followed when people were supported with their medicines. Medicines administration records (MARs) contained a photograph of the person to aid identification and a record of any allergies the person had were also included. MARs were clearly completed to show medicines were administered regularly. Protocols (medicine plans) were in place for people prescribed medicines 'as and when required' such as for pain relief. These gave clear instructions regarding when and why the medicines were to be given. One person told us, "I get my pills regularly morning and evening and they always watch me take them. I know what all of them are for."

Medicines were stored securely and monitored regularly. Staff recorded the temperature of the fridge and room where medicines were stored twice a day to make sure they were held in line with manufacturers guidelines. On the day of our visit the room temperature had reached 29 degrees, 4 degrees over the manufacturer's guidelines for the storage of some of the medicines held. The provider explained the extractor fan had broken down and immediately contacted the electrician to ensure it was repaired.

We observed the senior care worker on duty give out the midday medicines to two people. They ensured all the necessary checks were completed; they supported people to take their medicines appropriately and ensured the medicines had been taken before completing the MAR.

There was a system in place for the receipt and return of people's medicines and an auditing process to ensure people's medicines were handled in line with the provider's policies and procedures.

Evidence was seen of lessons being learned when things went wrong. This included reminding staff at a staff meeting and through supervision, of the importance of ensuring alarms on doors were activated. This followed an incident where a person had left the building unnoticed.

Is the service effective?

Our findings

People's individual and diverse needs had been assessed prior to them moving into the service. The registered manager explained an assessment of need was always completed to make sure the person's needs could be met by the staff team. Records seen confirmed this. A relative explained, "The family chose the home for [person] and a full assessment was done for them before they moved here."

The staff team knew the needs of the people they were supporting well. One person explained, "I think the staff know me well." A visiting healthcare professional told us, "The carers know everything about them [people using the service]."

The staff team were supported by a range of health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines. Support had been obtained from occupational therapists, community nurses and consultant psychiatrists. This enabled the staff team to support people effectively and in line with best practice.

People received care and support from a staff team that had the skills and knowledge to meet their individual needs. Staff members had received an induction into the service when they first started working, and had the opportunity to shadow (work alongside) experienced members of the staff team. Relevant training had also been provided. This included training in safe moving of people, health and safety, the safeguarding of adults, dementia awareness and equality and diversity. This meant the staff team could support people who used the service safely and effectively. One care worker explained, "I have done all the training including fire training and training on dietary requirements." A relative told us, "I think staff are well trained, respectful and they are properly equipped to do the job they need to do to support people."

The staff were knowledgeable about certain health conditions including Sepsis, and the symptoms to look out for. (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs). One staff member explained, "It is a blood ailment." Another told us, "I know what sepsis is and the symptoms such as a temperature and confusion. I would alert the senior straight away."

The staff team told us they were supported by management and received individual supervision sessions and appraisal meetings. One staff member explained, "I feel listened to and supported, you can talk to the manager." Another told us, "I feel supported, the manager is really good."

People were supported to maintain a healthy balanced diet and they told us the meals served at Framland were good. One person told us, "I think the food here is good. I have a choice of cereals for breakfast, get regular cups of tea through the day. I have lunch in the dining room at 12 o'clock and there is always a choice to eat. Even if I didn't like something, they would cook me something else. I had egg and chips the other day when I didn't fancy what they had [as a choice]." Another person explained, "I'm not a big eater and they know that, but if I start to lose weight they explain I have to keep my strength up and encourage me on the days I can't be bothered. Don't get me wrong, the food is excellent but sometimes if I don't fancy

what they give me, they will offer me something else instead. They know I like my lemonade."

On the day of our visit the dining room looked inviting. The dining tables were set with tablecloths, napkins, condiments, cutlery and a floral decoration. Before the lunchtime meal was served staff members put on aprons and gloves. They provided the people using the service with an apron where required to protect their clothing. Lunchtime was relaxed with music playing in the background. Whilst lunch was normally served at 12 mid-day, on the day of our visit it was served later and we observed people having to wait for some time. We observed two or three people asking when the lunch was going to arrive and staff were kind and gently gave them information as to what was happening and how long it would be.

For people identified at risk of not having enough to eat or drink, monitoring charts were used to document their food and drink intake. These were completed after each meal to make sure the information was accurate. Records were up to date however, not all the fluids people had taken had been totalled at the end of the day to check they were getting the fluids they needed. The registered manager assured us the staff team would be reminded of the importance of completing this section of the record.

People had access to healthcare services and received on-going healthcare support. The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals had been sought in a timely manner. For example, when a care worker noticed a sore area on one person's body, the GP was contacted. They visited and an antibiotic was prescribed. When another person had been identified as losing weight, the GP was contacted for advice and support. A healthcare professional explained, "The staff are very good, some homes will ring every day but Framland are empowered and more confident with their care. They will ring and say [person] needs to be seen, but tomorrow will be fine." One of the people using the service told us, "I can see the Doctor whenever I like. I only have to tell someone [staff] and they speak to me and organise it." Another explained, "I see the chiropodist every eight weeks and I had an eye test the other day. They [staff team] sort all that."

People had access to suitable indoor and outdoor spaces and there were places available for people to meet privately with others or to simply be alone. There was a lack of dementia friendly signage for the services toilets and bathrooms. The registered manager told us they were in the process of buying these.

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 and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. 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). The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and they understood their responsibilities within this. One staff member explained, "We treat everyone as if they have capacity until we are told otherwise by other health professionals. MCA is not taken lightly and is there to protect people."

People were encouraged and supported to make decisions about their care and support daily. During our visit we saw people chose how to spend their day, whether to attend a social activity and what to eat and drink. One person told us, "I choose what time to get up and what time I go to bed here. Nobody forces you to do anything you don't want to do and believe me, I would say if I wasn't happy."

Is the service caring?

Our findings

At our last inspection in May 2017, we rated the 'Caring' domain as 'Requires Improvement'. People's care and support needs were not always met in a caring way. Staff members did not always converse with the people they supported.

At this inspection people were treated with dignity and respect.

People told us the staff team at Framland were kind and caring and they looked after them well. One person told us, "They are all kind to me and seem to know when I need something before I do." Another explained, "Staff here are very, very respectful and always ask for your permission. If I run out of toiletries, I only have to ask and they will get some more for me." A third stated, "Sometimes the activities girl just sits and holds my hand. I can handle any amount of that. In fact, all the staff seem to know if you are not feeling your best."

Relatives we spoke with agreed their family members were treated in a caring manner. One explained, "The staff are so good with [person] and I could speak to them myself if there was a problem and I know they would listen."

Three members of the staff team had attended training to become dignity champions. One of them explained, "Our role is to check staff are giving people choice and promoting people's dignity." A staff member explained, "The dignity champions make sure that as a carer, I look after people with the dignity and respect they deserve and care is carried out to a proper standard." Our observations during our visit confirmed the staff team treated people in this way.

The staff team had the information they needed to provide individualised care and support. They knew the people they supported. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called, and what they liked to eat. One staff member told us, "[Person] likes bananas and tea with no sugar." On checking this person's plan of care, this information was included." One of the people using the service told us, "They know I like to read the papers every day."

People were encouraged to maintain relationships that were important to them. Staff had received training in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.

People were able to choose the gender of their carer if they had a preference. One person explained, "I could choose a male carer if I wanted one. I don't mind who does it really [provide care and support], they are all professional."

Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I treat people how I would want to be treated, for example, I wouldn't shout across the dining room asking if someone wanted to go to the toilet. I would be

discreet." Another explained, "When I help [person] to the toilet, I wait outside, I know I wouldn't like it so I give them a buzzer and tell them to ring me when they are ready."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available to them. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

People told us their relatives were made welcome and were able to visit at any time. One person explained, "My family chose the home for me and they visit whenever they can. Staff know them and always make them feel welcome." A relative told us, "They keep the family informed about any changes and we can visit anytime."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. One staff member explained, "We keep the care plans and paperwork locked away. We discuss things in private and don't discuss with others, that is very important."

Is the service responsive?

Our findings

At our last inspection in May 2017, we rated the 'Responsive' domain as 'Requires Improvement'. This was because people's plans of care reflected the care and support people needed, but were not always followed. We also noted whilst activities were provided, there was no evidence people were supported to follow their preferred hobbies or interests.

At this inspection we found the provider had made improvements to the service.

People had been involved in the planning of their care with the support of their relatives. People's plans of care were up to date and covered areas such as, mobility, nutrition, communication and the personal care they required. They also covered people's health care needs including for one person, the support they needed to manage their diabetes. We saw the registered manager had obtained information with regards to their diabetes and the staff team were following the guidance provided. The plans of care had been reviewed monthly or sooner if changes to the person's health and welfare had been identified.

People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. A document entitled 'my life story' had been completed and enabled the staff team to gain an understanding of people's life histories and what was most important to them. One person told us, "They have sat with me and found out about what I like to do. I do like the singers and the quizzes."

People were supported to follow their interests and take part in activities. The service employed an activity coordinator for 30 hours a week and they provided people with opportunities to engage in activities on a group or one to one basis. One person told us, "I do like my papers and the occasional game, and another pack of cards would be good as I like to play patience." Another stated, "I do like it when the man comes with all the animals. I love animals."

A relative told us, "Although [person] has deteriorated because of their dementia since being here, they [staff team] do still encourage them to do as much as they can for themselves and the activities coordinator is often seen sitting with people chatting. She has also organised someone to bring in animals, someone does musical movement and there have been singers."

Whilst the activities coordinator was on annual leave on the day of our visit, people were still offered the opportunity to join in activities. On the morning of the visit, people were encouraged to join in a ball game. We overheard one person comment they could feel they were exercising muscles they had forgotten about. In the afternoon around eight people were seen enjoying a flower arranging class. The staff member who lead the class asked people about their favourite things such as flowers and animals and people thoroughly enjoyed the session.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to

ensure people with a disability or sensory loss can access and understand information they are given. People were always supported by a member of staff when the GP or community nurse visited. The staff team knew people well and knew how each person communicated so they could be given information in a way they understood. The registered manager understood their responsibility to comply with the AIS and could access information regarding the service in different formats to meet people's diverse needs.

A complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. One people told us, "If I was unhappy with something, I would just speak to the staff and they would sort it out." A relative told us, "They keep us informed all the way and I know we can discuss things with them if we are concerned."

People's wishes at their end of life had been identified and included in their end of life plans. The registered manager explained, "The staff work closely with the GP's and district nurse team to ensure any medicines are available and administered to ensure people are comfortable at the end of their life. We discuss with district nurses about how best to provide mouth care for each person. We document any advanced wishes in people's care plan, this includes having music played or having the TV on in the background. We ensure there is extra seating for family members/friends and a bed if they wish to stay overnight and a staff member will always stay with someone if family/friends are not able." For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes. People's wishes at the end of their life were observed.

Is the service well-led?

Our findings

At our last inspection in May 2017, we rated the 'Well-led' domain as 'Requires Improvement'. We carried out inspections in October 2014, March 2016, and May 2017. At each of these inspections we found the provider had not met one, or more of the Regulations outlined in the Health and Social Care Act 2008. The provider had not been compliant with Regulation 17, Good Governance in all three inspections. Namely, the systems and processes in place to check on the quality and safety of service provided were not always effective.

We required the provider to make improvements and they submitted an action plan setting out what they were going to do.

At this inspection we found the provider had made the required improvements.

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

The registered manager explained they regularly monitored the quality and safety of the service provided. Monthly checks had been carried out on the records held to ensure their effectiveness. Records checked included people's plans of care, medicine records and records of falls and accidents and incidents.

Regular audits to monitor the environment and the equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place in which to live.

The registered manager was supported by the provider's area manager who also carried out audits of the service to check people were being provided with a safe and consistent service.

People told us the service was well managed and the registered manager and the staff team were open and friendly. One person told us, "I think they do a good job here. They are a happy lot of people and I think it shows because residents are happy." Another explained, "The staff seem happy in their work and you never hear them moaning. They are very professional." A relative stated, "I think we (family) have landed on our feet here. We have no complaints and are always made to feel welcome."

Staff members felt supported by the management team. They told us there was always someone available they could talk to if needed. One told us, "I do feel supported, it is a very rewarding job."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through staff meetings, supervisions, daily 'handover' meetings and day to day conversations with the management team. One staff member told us, "We have staff meetings, we love a good staff meeting, [registered manager] listens." Another stated, "I feel supported and I feel I can share my thoughts at the meetings we have."

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through twice monthly 'surgeries' with the registered manager and informal chats. Surveys had also been used. The registered manager explained they also planned to hold a meeting for people who used the service and their relatives in the near future, to discuss how the home was being run and changes they might like to make?

The registered manager worked openly with the local authority and other professionals involved in people's care. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's ongoing welfare and safety.

The provider and registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

The provider and registered manager was aware of their responsibility to display the rating from their last inspection. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was displayed on the provider's website and within the service.