Mr & Mrs GT Lee

Gosberton House Care Home

Inspection report

Gosberton House Care Home
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

Gosberton House Care Home is registered to provide nursing and residential care for up to 46 people, including older people and people with physical disabilities. The service also provides day care support although this activity is not regulated by the Care Quality Commission (CQC).

We inspected the home on 17 November 2015. The inspection was unannounced. There were 45 people living in the home at the time of our inspection.

The home had two registered managers in post – a general manager and a care manager. A registered manager is a person who has registered with 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.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLs applications for two people living in the home and was waiting for these to be assessed by the local authority.

The provider had a strong commitment to the provision of person-centred care and this was understood by staff and reflected in their practice.

There was a calm, relaxed atmosphere in the home and care and support were provided in a warm and patient way that took account of each person's personal needs and preferences. Staff had time to meet people's care and support needs without rushing.

Detailed care plans had been developed to ensure people received the care and support they required. However, staff did not consistently record the action they had taken to address the potential risks identified in some people's care plans.

The management of medicines was inconsistent.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. Sound recruitment practice ensured that the staff employed were suitable to work with the people living in the home.

People felt safe living in the home and staff understood how to identify, report and manage any concerns related to people's safety and welfare.

Staff listened to people and had a detailed understanding of their needs and preferences. Staff understood the issues involved in supporting people who had lost capacity to make some decisions.

A specialist activities team organised a varied programme of activities and staff and volunteers supported people to maintain personal interests and hobbies.

Food and drink were provided to a good standard and people could choose what to eat and drink and when.

The registered managers demonstrated an open, accountable leadership style and staff at all levels worked well together.

Although the provider maintained a comprehensive system of audits to monitor the quality of the care and support provided, this was not consistently effective.

People and their relatives knew how to raise concerns or make a complaint and were confident that this would be handled effectively by the provider.

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?

Requires improvement

The service was not consistently safe.

Medicines stock control and record keeping were inconsistent.

Staff did not record consistently the action they had taken to address the potential risks identified in some people's care plans.

People felt safe living in the home and staff knew how to recognise signs of potential abuse and how to report any concerns.

Staff had time to meet people's care and support needs, without rushing.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet

people's individual needs and promote their health and wellbeing.

Staff worked closely with local healthcare services and people had prompt access to any specialist support they needed.

People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Food and drink were provided to a good standard.

Is the service caring?

Good

The service was caring.

The provider had a strong commitment to providing person-centred care and this was understood by staff and reflected in their practice.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs and preferences.

A specialist activities team organised a varied programme of activities and staff and volunteers supported people to maintain personal interests and hobbies.

People and their relatives knew how to raise concerns or make a complaint and were confident that this would be handled effectively by the provider.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The provider's audit system was not always effective in identifying errors or omissions in the delivery of care and support.

People and their relatives were encouraged to voice their opinions and make suggestions for service improvement.

The registered managers demonstrated an open, accountable leadership style and staff at all levels worked well together.

Requires improvement

Gosberton House 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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Gosberton House Care Home on 17 November 2015. The inspection team consisted of one inspector, a specialist advisor whose specialism was nursing care of older people 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. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes 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 the judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with seven people who lived in the home, six family members who were visiting at the time of our visit, the two registered managers (the general manager and the care manager), three members of the care staff team, one member of the activities team and the chef. As part of the inspection process we also spoke with local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including four people's care records, two staff recruitment files and training records. We also looked at information relating to the administration of medicines, managing complaints and monitoring the quality of the service provided.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in Gosberton House Care Home. One person said, "I don't want to go anywhere else - it's lovely. I couldn't wish for better." Another person told us, "I am very happy here."

However, when we reviewed the arrangements for the storage, administration and disposal of medicines we found that these were not consistently in line with good practice and national guidance and increased the risk to people's safety. When reviewing the administration of liquid medicines we found that one person had been given an out-of-date liquid medicine for five days and this had not been picked up by any of the staff administering medicines during this time period. We also saw that there had been a delay in obtaining a new pain relief patch for one person and there were gaps in the recording of pre-adminstration pulse checks for another. The temperature of the medicine storage room was not monitored and daily temperature checks on the medicines fridge had not been recorded on several occasions.

Although there was no evidence that anyone had been harmed by these errors and procedural lapses, we discussed them with the registered managers who told us that, in the light of our findings, they would review medicines management procedures and arrange retraining for staff involved in medicines administration.

We looked at four people's care records and saw that a wide range of possible risks to each person's wellbeing had been considered and assessed, for example mobility and skin care. However, although each person's care record detailed the action to be taken to prevent any identified risks, in some cases there was no written record that this had actually been carried out by staff. For example, for one person who had been identified as being at risk of developing pressure ulcers, it was stated in their care plan that a skin care assessment should be carried out monthly. However, in the previous three months, only one assessment was recorded as having been undertaken. For other another person, who had also been assessed as being at risk of developing pressure ulcers, their care plan indicated they should be repositioned every three hours but this was not recorded consistently as having been done. For another person, who had been assessed at being risk of malnutrition, the care plan stated they should be weighed on a monthly basis but the last time this was recorded as having taken place was over six months ago.

Again,although there was no evidence that anyone had come to any harm as a result of these recording ommissions, we raised the shortfalls we had identified with the registered managers. They acknowledged the inconsistencies in the care plans and undertook to take steps to improve the system for the future.

Throughout our inspection visit we saw that staff had time to meet people's care and support needs, without rushing. For example, we saw one member of staff helping two elderly people move from one of the lounges through to the dining room. One person was being pushed in a wheelchair and the other was walking very slowly alongside, chatting to her friend. The staff member took the time to support both people patiently, enabling them to walk through to lunch together, enjoying each other's company as they went. The general manager told us that she used a tool provided by the local authority to review staffing levels on a regular basis to take account of people's changing needs. She said she had taken steps recently to ensure the staff teams working on each of the two floors in the home were each self-sufficient in hoists and other equipment, to enable them to work as efficiently as possible. She also told us that staffing levels were adjusted on a daily basis to take account of particular situations. For example, on the day of our inspection, an additional member of staff had been deployed to support someone to attend a hospital appointment. Most people we spoke with were very happy with the availability of staff, although one family member told us that their relative sometimes had to wait, 'five to ten minutes' for their call bell to be answered. We raised this with the registered managers who said they would see if there were other ways in which the deployment of staff could be improved further.

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe from abuse and there

Requires improvement

Is the service safe?

were up to date policies and procedures in place to guide staff in their practice in this area. Advice to people and their relatives about how to raise any concerns was provided in the 'Resident's Handbook' that was given to people when they first moved into the home.

Some relatives told us they were concerned about aspects of the physical security of the building. The registered managers told us that they were aware of the issue and would agenda the issue for further discussion at the next group meeting for people and their relatives.

We saw the provider had safe recruitment processes in place. We examined two staff personnel files and saw that references had been obtained. Disclosure and Barring Service (DBS) checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Good

Is the service effective?

Our findings

People told us that the staff were skilled in meeting their needs. One person said, "They care for us well. I couldn't wish for better." Another person told us, "The staff are good. One took me to hospital and they were so good." A visting family member told us, "It's much better than where [my relative] was before. They've worked wonders with [my relative] ."

Staff demonstrated a good understanding of each person's individual needs and were confident that they had the knowledge and skills to meet them. Each person had a chart on their bedroom door which provided information on, for example, their hobbies and interests, their personal care routines and preferences, how they liked their bed made up and any medicine requirements. The charts were updated regularly and staff told us they found them helpful in ensuring they were aware of any changes in a person's care needs and preferences. Staff also said they provided a good prompt for conversation with people, particularly if they were new to the home.

New members of staff received a very detailed induction handbook which set out the provider's 'care philosophy and values' as well as key policies and procedures. New staff members worked alongside a senior member of staff for up to a month before starting to work as a full member of the team. One new member of staff told us, "Even after my induction was completed, I was encouraged to ask if there was anything I was unsure of." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and a number of newly recruited staff had been enrolled and were completing the programme. Longer-serving members of staff were also undertaking some of the Care Certificate modules to update and refresh aspects of their training. The provider maintained a detailed record of the training needs of each member of staff and employed an in-house trainer to deliver most of the core training required. Local colleges and other specialist training providers were used to supplement the in-house programme. Many staff had completed, or were studying for nationally recognised qualifications. Staff told us that this was something the provider actively encouraged. For example, one member of staff said, "I completed NVQ 2 and 3 – they really pushed me to do it."

We saw that staff training had been effective. For instance, one member of staff told us that they had a particular interest in end-of-life care and had been supported by the provider to undertake specialist training provided by a local hospice. The staff member explained how this training had had enabled them to provide better palliative care and support to people and their families.

Staff were provided with regular supervision and support. One staff member said, "I find my supervision sessions really helpful. I get a chance to voice how I feel and also get feedback from my supervisor. Feedback is very important." Another member of staff told us, "In supervision we get feedback – positive and and negative. I never take it personally, there is always something we can do to improve." Shift handover meetings, a communications noticeboard, written notes and regular staff meetings were used to ensure staff kept up to date with changes in people's care needs and any important events.

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). This is the legal framework that exists to ensure that people who may lack mental capacity are supported to make decisions for themselves wherever possible. Throughout our inspection staff demonstrated they understood the importance of establishing proper consent before providing care or support. One staff member told us, "Everyone has capacity to some extent. Even if they can't make the bigger decisions we still support them to make everyday choices such as what to wear, when to get up and what to eat and drink." Another member of staff said, "It's so important not to take people's independence away. We encourage people to do whatever they are capable of."

At the time of our inspection, the provider had sought a DoLS authorisation for two people living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed. We also saw that, where people had lost capacity to make significant decisions for themselves, the provider had arranged a meeting of relevant people to discuss and agree what was in the person's best interests.

As part of our inspection we sat in on a staff handover meeting. Staff demonstrated a detailed knowledge of the health and emotional needs of the people living in the home and ensured any issues were followed up promptly. For example, a member of staff explained that they had

Good

Is the service effective?

been worried about one person's health and had called the local surgery and arranged for the person's GP to come out that morning to make sure the person was receiving the right care. Staff also discussed how to help someone continue to enjoy hot drinks in a way that would keep them safe without compromising their independence and sense of self-esteem.

Staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, dentists, district nurses and palliative care specialists. One local healthcare professional who had supported a number of people living in the home told us, "Staff provide safe and effective care to people with very complex needs. They do very well in preventing hospital admissions and it's the first place I recommend if people are looking for a home that can support people with complex care needs." In the staff handover meeting we heard that one person had declined their GP's advice to go into hospital for tests saying, "I get better care here than I would do there." Another local healthcare professional told us, "Staff are very attentive and caring. There are never any issues and I am happy with the care they give."

People told us they enjoyed the food and drink provided in the home. One person told us, "The food is good and if you don't like it they'll get something else. I went to hospital for an appointment and they saved me a meal. Another time they gave me a packed lunch to take with me." People told us that staff brought round the lunch menu a day in advance, to enable them to make their choice. However, if people didn't want either of the two main options the chef was happy to prepare alternatives.

We spent time in the kitchen and observed people eating lunch and snacks and saw that people were served food and drink of good quality. There was a rolling eight week menu which changed seasonally and provided two hot lunch choices, seven days a week. A range of hot and cold options were provided at tea time along with a selection of homemade cakes. The chef told us that people could have whatever they wanted for breakfast. Kitchen staff maintained a detailed list of people's likes and preferences. The chef told us that one person particularly enjoyed cherries and that she would always buy them in when they were in season. There was a fridge available for people to use to store their favourite drinks, jams and sauces.

The provider encouraged people to provide feedback on the food and drink provided. There was a 'complaints book' on each floor in the home and we saw that one person had written that they, "Loved the pumpkin soup." However others had provided negative feedback including one person who had commented that they did not like the scotch broth. The chef was aware of this feedback and told us she was making changes to the menu as a result. The chef also attended the group meetings that were held regularly for the people living in the home. She used these opportunities to get further feedback on the food and drink and to involve people in menu planning.

Kitchen staff had copies of the nutritional assessment form that was maintained for each person and used this information when preparing food and drink for people. For example, the chef knew who needed to have their food pureed to reduce the risk of choking, and hot and cold drinks were offered throughout the day to combat the risk of dehydration. The chef was also aware of the particular needs of people with diabetes and allergies and those who were following gluten free or vegetarian diets.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person said, "We joke and have a laugh together. They're all lovely." Another person told us, "They're lovely. They always talk to us and can't do enough for us. They help you as much as they can."

There was a calm, relaxed atmosphere in the the home and, throughout our inspection, we saw staff support people in a warm and caring way. For example, at lunchtime we saw several staff make time to sit with people and chat with them. Sitting down beside one person, a staff member said, "Can we have a natter?" Another member of staff spotted that one person was struggling to eat their soup on their own. They supported the person to finish their meal and gently cleaned their hands, chatting in a kindly way throughout. Another member of staff told us about one person they were supporting who had told them, "over a cuppa" that they really missed their grandchildren who had gone off to university. The member of staff said that they contacted the person's family and, as a result, the grandchildren had come to visit which had made a great difference to the person concerned. The staff member said, "You are there to listen and build up trust – that's the key." Another member of staff told us that they had been awarded a 'dignity champion' badge by the provider, "For going the extra mile by taking people on outings in my own time." The registered managers also told us that some staff had volunteered to come in, again in their own time, to sit with people in the last few hours of their life, to offer them comfort and support.

People who visited the service were also very complimentary of the care received by their loved ones. One relative said, "They seem very caring. [My relative] is content and would say if not." Another family member told us, [My relative] has been in other care homes and this is one of the best. Very welcoming." We saw several examples of the provider's commitment to supporting people's friends and relatives. For instance, complementary tea and coffee were available to visitors and an overnight guest room was available, free of charge, for relatives who had long journeys or who wanted to spend as much time as possible with a loved one who was nearing the end of their life.

The provider had a strong commitment to providing person-centred care. For example, the staff handbook set out the provider's 'Philosophy of Care' which included a well-known poem which encourages care staff to look beyond the elderly person they are supporting and find the person who remains within. This approach had clearly been taken on board by staff. One staff member told us, "Person-centred care is looking at the whole person and making sure they get what they like, how they like, when they like." Another member of staff said, "When someone moves in, I sit and talk with them and ask them to tell me their stories. I have learned so much from the people who live here." Staff also reflected this person-centred approach in the way they supported people to make choices about their care. For example, one person told us, " I can get and go to bed anytime." Another person said, "I choose what to do."

Throughout our inspection we saw evidence of the provider's commitment to giving people as much choice and control as possible. For example, in one of the lounges we saw a member of staff leading a well-attended group activity. Towards the end of the session, the staff member asked people if they would to finish at that point or carry on for another five minutes. Everyone said they wanted to carry on and this decision was accepted readily by the member of staff. Commenting on the food provided in the home, one person told us, "If you don't like [what's on the menu] they'll get you something else." One member of staff told us "The kitchen often does eight different meals to meet people's likes and dislikes. It's not a problem."

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their privacy and dignity. We saw that staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One member of staff told us, "I keep people covered and dignified at all times." Weekly services of different denominations were held in the home to help people to maintain their diverse spirtual needs and a local priest visited regularly to minister to one person.

The managers told us that they were aware of local advocacy services and had made use of them in the past. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The managers told us they had recently sought the input of an advocate to support someone who was approaching the end of their life and had no family.

Good

Is the service responsive?

Our findings

The care manager told us that she visited each person, "where they are" to carry out an initial assessment of their care and support needs and to make sure Gosberton House Care Home was suitable for them. If the person then moved, in staff prepared a full care plan which captured each person's needs and preferences. One member of staff told us, "We try and stick to the routines they had before they moved in." Care plans were stored electronically and updated by staff using laptop computers and tablet devices situated throughout the home. Staff told us that it was only, "very rarely," that technical problems prevented them accessing the care plans and that core information about each person was available in a paper format should this be required.

Care plans were detailed and addressed a wide range of needs and preferences. For example, we saw that one person required full assistance from staff to get dressed. Another person disliked porridge and wanted to get up in the morning, "under their own steam" - something that was understood and respected by staff. Care plans were reviewed regularly and people and their relatives had the opportunity to be involved. One person told us, "I know what's going on with me." A family member told us, "The care plan was all explained." One member of staff told us, "I always ask the seniors to undertake a reassessment if I think someone is more capable than indicated in their care plan."

Staff used the information in each person's care plan to ensure they received individualised care and support that met their particular needs, and which made them feel valued. One staff member told us, "When we provide personal care to people, we make sure it is quality time." Another member of staff described one person whose support needs changed frequently and for whom a daily assessment was carried to determine whether the use of a hoist was necessary or not. The staff member said,"It's important for that person to maintain their independence. If we don't need to use the hoist, we don't."

People were encouraged to personalise their room and we could see that people had their own furniture, photographs and other souvenirs on display in their bedroom. The managers told us that people could redecorate their room when they first moved into the home and we met one person who had taken advantage of this opportunity.

People could also choose the colour of their bedroom door and we saw a range of different colours had been selected. To make it easier for people to find their way around the home, people had a photograph of their choice on their room door and communal lounges and toilets were well-signposted with words and pictures.

The provider employed a specialist activities team which worked six days a week alongside the core care staff team. The team delivered an extensive and varied programme of activities which was advertised widely within the home and was popular with many people. One person told us, "I love crafts. They help me to knit with my bad eyesight. They'll thread my needles and find me things. I don't like quizzes – crafts are me!" Another person said, "I go to the exercise classes and the coffee mornings." The lead activities coordinator told us that in devising the activities programme her aim was to provide people with as much physical and mental stimulation as possible, "If you don't use it, you lose it." We saw that the published programme of activities for November included a wide range of options to meet people's needs and preferences including keep fit, baking, draughts and dominoes, a film matinee and various outings. On the morning of our inspection we saw a large group of people enjoy a communal word game in one of the lounges. This was well-facilitated by the activities coordinator who told everyone, "It was 'keep fit for the body' yesterday and it's 'keep fit for the brain' today." The people present took an active part in the game and after it had finished several people continued to talk animatedly with each other about the activity and other events they planned to attend later in the week. In the afternoon, a local shoe supplier set up shop in the main lounge. This was also well-attended with people taking the opportunity to buy shoes and other items for themselves and their friends or family.

Staff worked closely with people to get their feedback on the activities programme and made changes accordingly. For example, people had recently said they wanted more keep fit sessions and this had now become a weekly activity. One person from a farming background had suggested the provider purchase documentary films about the agricultural history of Fenland. This had been done and the viewings were popular with several people.

Staff also worked with people on a one-to-one basis to help them maintain personal hobbies and interests, often with the support of volunteers from the local community. For

Good

Is the service responsive?

example one volunteer visited regularly to help one person who made a range of craft items which were sold at regular craft fairs hosted by the home. Another volunteer supported someone who liked to go out to the village pub. The team operated a rota to ensure each person received a regular 'room visit' to provide them with individual quality time, "For as long as they want." Examples of the activities offered in these individual sessions included a hand or foot massage or support to complete a crossword. Care staff also understood the importance of interacting with people who spent more time in their own room. One staff member told us, "Whenever I am passing a bedroom door I always take the time to pop in and check how people are. When people are in bed it can get lonely."

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person said, "I'd talk to one of the managers or the owner if I had a problem." Another person told us, "We'd talk to [a member of staff] on our floor. You can talk to her. We like her very much." There was a complaints procedure available to people and their relatives, although there had been no formal complaints recorded in the previous 12 months. The registered managers said they believed this was because, "We both spend a lot of time with residents and relatives. We encourage people to raise any concerns and try to deal with them there and then." The provider had a well-developed 'action request form' system and staff told us that they encouraged people and their families to complete one of the forms which were forwarded to the registered managers for review and follow up action as required. For example, one family member had used the form to express their concern that they had been unaware that staff had sought advice from a local healthcare professional about their relative's care. The provider had taken action to change communication procedures to avoid something similar happening again in future.

Requires improvement

Is the service well-led?

Our findings

Throughout our inspection we saw there was an open and welcoming atmosphere in the home. People told us how highly they thought of the home and the two registered managers. One person told us, "It's a smashing place – so well run." Another person said, "It seems to be well run. They were very welcoming when I first moved in." A relative told us, "[My relative] has been in other care homes and this is one of the best. Very welcoming."

However, although the provider had a comprehensive system of audits in place to monitor the quality of the care provided, this was not consistently effective. For example, a regular audit of care plans was conducted but this had not identified the gaps in monitoring and data recording we picked up in our inspection. Medicines audits were carried out but, again, these had not picked up the errors in medicines management identified during our inspection. Other audits were more effective. For example, we saw that a recent audit of the laundry had identified a need for new equipment to reduce the risk of infection and that this had been purchased.

The provider conducted customer satisfaction surveys to give people and their relatives an opportunity to provide feedback on the service they received. People had a chance to complete a survey one month after they moved into the home and there was also a further annual survey. We saw a range of comments from people and their relatives. One person had written, "Very good entertainment programme, friendly and understanding staff, good communication." Another person had written, I would like a warm cover for my toilet seat." A relative had commented, "I have always been pleased with the candour and realism with which any queries have been answered." The managers told us that they reviewed all the comments and made changes accordingly. For example, in response to the feedback on the toilet seat, a new cover was being tested.

The provider held regular meetings for people, their relatives and friends which were well-attended and gave a further opportunity to discuss any concerns or suggestions. One person told us, "We say if something isn't working and they'll do something about it. They also tell us what they are intending to do and ask our opinion." We saw that at a recent meeting people had asked for changes to the way activities were organised, which had been addressed by the provider. We also saw the provider had used the meeting to engage with people on their preferences for the redecoration of parts of the home. One family member said, "There is a quarterly meeting but there isn't really anything to moan about here."

The two registered managers demonstrated a good working relationship with each other and were clearly well known to people who lived in the home, relatives and staff. One person said, "The care manager is good and approachable and will try and sort something out if there are any problems." One member of staff told us, "I have a very good relationship with the general manager and feel listened to. Her door is always open and I am never afraid to go in. She's brilliant." Another staff member said, "The managers do sort things out here." Throughout our inspection both managers demonstrated a very open and accountable leadership style, for example in the way they responded to the concerns we raised with them, including the errors in medicines management.

The owners of the home visited regularly and were also well known to people and staff. One staff member told us, "[The owners] visit regularly and are very approachable. They both go round the home chatting to residents and asking them if they are happy with everything. They provide feedback to the managers afterwards." Following a recent visit by the owners we saw that they had completed 'feedback forms' requesting follow up action by staff to address issues that people had raised with them during their visit. For example, one person had expressed a wish to get more involved in musical activities and this had been arranged by staff.

We saw that staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Another staff member told us, "We are like a family." There were regular staff meetings and the managers told us that staff were required to attend a minimum number of meetings each year as part of their ongoing training and to ensure good communication. One staff member told us, "We are encouraged to air any issues openly in the staff meeting. At the last meeting we raised an issue and the managers are now monitoring the situation." Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice

Requires improvement

Is the service well-led?

outside the service. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, that could not be addressed internally.