Derby City Council

Merrill House

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

Merrill House provides personal care and accommodation for up to 40 people. On the day of the inspection the registered manager informed us that 13 people were living at the home.

At our last inspection in April 2017 we rated the service overall as 'Requires Improvement'. At this inspection the service had improved to 'Good.'

The home provides personal care and accommodation for older people, people with disabilities and sensory impairment.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. Lessons to prevent incidents occurring had been learnt from past events. Staffing levels were sufficient to ensure people's safety.

Staff had been trained in safeguarding (protecting people from abuse) and, in the main understood their responsibilities in this area. Staff were subject to pre-employment checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

People using who used the service and the relatives we spoke with said they thought the home was safe. They told us medicines were given safely to them and on time. We found this to be the case.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives and they were of all their responsibilities under this law.

People had plenty to eat and drink and everyone told us they liked the food served.

People's health care needs had been protected acted on by referrals to health care professionals when necessary. A visiting district nurse said that staff ensured that the standard of health care provided to people was good.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way., though there was one occasion where staff had not shown respect for a person's choice which the registered manager followed up. People and their representatives were involved

in making decisions about their care, treatment and support.

Care plans were individual to people and covered their health and social care needs. Activities were organised to provide stimulation for people and they had opportunities to take part in activities in the community if they chose.

People and relatives told us they were confident that if they had any concerns these would be followed up.

People, relatives and staff were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs and provide a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse to their management. Risk assessments which promoted people's safety were mostly in place., though one risk assessment was missing. Staffing levels were sufficient to keep people safe. Lessons had been learned from past safety incidents. Staff recruitment checks were in place to protected people from unsuitable staff. Medicine had been safely supplied administered to people. People had been protected from infection risks.

Is the service effective?

Good

The service was effective.

People told us that they received effective staff support to meet their needs. Staff were trained and supported, in the main?, to enable them to meet people's needs. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working with healthcare professionals and referred people when necessary. with and referral to health services. People's consent to care and treatment was mostly sought in line with legislation and guidance., except in one instance we noted.

Is the service caring?

Good

The service was caring.

People we spoke with and their relatives told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's independence and dignity, but not always their privacy. People's religious and cultural issues had been met.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns. The complaints procedure needed to be amended so that the appropriate agency could follow up people's complaints.

Is the service well-led?

Good

The home was well led.

People and their relatives told us that management listened to them and put things right when this was needed. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

Merrill House

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 site visit took place on 29 May 2018 and was unannounced. We returned on 30 May 2018 to complete the inspection. The inspection team consisted of an 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. Our expert by experience had experience of the care of older people.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

During the inspection visit we spoke with five people who used the service and two relatives. We made direct observations at meal times and 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. We spoke with the registered manager, the area manager, a visiting district nurse, three care staff and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

Systems were in place to keep people safe.

At the last inspection there was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, Regulation 12, Safe care and treatment. This was because medicines were not properly managed. At this inspection visit we found that people were safely supplied with their medicines.

People said that they felt safe and happy living in the home. One person said, "Yes I feel safe here there's always somebody there if you need them, you just have to call them and they're with you." Another person said, "I feel safer here because at home I kept falling over. Staff remind me to use the zimmer. I don't think I could walk without it." A relative said, "Mum was always falling down at home and hurting herself, she couldn't cope at home – if it wasn't for this place she'd be going downhill quickly. She's safe here because there are people to attend to her." Another relative told us, "Mum's got a risk of falling so they did a risk assessment on her and what she needed and made sure she got it."

The provider had assessed whether people had risks associated with their care. For example, this included where people were at risk of falling, had risks in relation to skin breakdown, or behaviours which challenged others. A relative told us, "Mum's got a risk of falling so they did a risk assessment on her and what she needed and made sure she got it." A tool for assessing a person at risk of falling recorded that this person had this risk. There was a risk assessment in place to provide information to staff to protect the person safety to prevent them from falling.

For a person that had behaviour that challenged the service, there was a risk assessment in place to manage these situations. Staff were able to tell us how they coped with this behaviour to distract the person by being friendly and suggesting tasks for the person which they liked doing.

A risk assessment was in place for a person who was at risk of developing pressure sores. This included relevant issues such as the provision of equipment and the application of creams. Staff were aware of the need to regularly apply creams and records confirmed this.

A person was assessed as having continence needs. Records confirmed that staff assisted the person on a regular basis with these needs. and staff were aware of the need to regularly assist the person. However, a risk assessment was not in place to manage this need. Although this did not appear to have an adverse impact on the person, there was a risk that the person's needs would not be consistently met without the risk assessment. The registered manager acknowledged this and said that this would be carried out.

A business continuity plan was in place in case of foreseeable emergencies. This provided the staff team with a plan to follow to enable them to continue to deliver a consistent service should such instances ever occur.

Fire records showed that a fire risk assessment was in place. Personal evacuation procedures were in place

to ensure the risks to people were individually assessed. Fire evacuation plans were available to visitors. Fire tests were regularly carried out and fire drills were held to ensure staff were aware of safe procedures for evacuation.

There were enough staff to keep people safe. A person said, "They [staff] always come if you need them, it's nice to know they're there." Another person said, "If you press the buzzer you don't have to wait long." A relative said, "Yes I think there's enough staff at the moment …there aren't many residents." Another relative told us, "Mum has a buzzer in her room – she doesn't have to wait long."

The registered manager told us that sufficient staffing levels were in place to keep people safe. Staff agreed that staffing levels were sufficient to keep people safe and meet their needs. One staff member said that when there was staff sickness and only two staff members were on duty, not all management staff came out of the office to assist them as was expected. The registered manager said that all management staff would be reminded that they needed to do this so that people's needs could be safely responded to at all times. We saw staff present in lounges where people sat to ensure people were remained safe. One staff member said that when there was staff sickness and only two staff members were on duty, not all management staff came out of the office to assist them. The registered manager said that all management staff would be reminded that they needed to do this so that people's needs could be safely responded to at all times.

Staff understood the help people needed to maintain their safety and wellbeing. and this was provided when they noticed people needed help. For example, a staff member told us that if a person who was having difficulty walking, stood up from their armchair to go to the dining table, staff would encourage them to use a wheelchair. Other staff told us that they checked that the home had no slip and trip risks, they checked equipment before use, such as hoists which supported people to move safely before it was used, such as whether the hoist was safe to use; that the right size sling was used for people; and that hoist batteries were working.

We saw evidence that equipment and appliances had been serviced such as the hoist, the lift and electrical appliances. One relative told us, "Everything [the equipment used by family member] is well maintained and checked regularly."

Staff records showed that before new members of staff were allowed to start, there was evidence in place that management took up references with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions. This meant people d been protected from unsuitable staff.

A safeguarding people procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed management staff to take appropriate action. Referrals would be made to the local authority safeguarding team. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own.

The whistleblowing policy contained information about reporting any concerns the local authority but not to other relevant agencies such as CQC and the police. The registered manager said this issue would be reported to management to review, as it was a procedure of the local council who owned the service.

Staff told us they had never witnessed any abuse towards people living in the home. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home and to a relevant external agency if needed.

Safe infection control prevention procedures were in place. The home was clean and tidy with no odours. One person said, "Yes, the home's always clean." A relative told us that the home was always kept clean. Infection control procedures were observed. Staff wore aprons and gloves when they provided care. Evidence was in place that staff had received infection control training. A staff member wore protective equipment when medicines were issued to ensure that medicine was not contaminated. This prevented infections being passed to people. Infection control audits had been carried out.

This showed that safe infection control prevention procedures were in place to safely protect people from infection.

People said that they received their medications on time. One person told us, "I do my own medicine and no I've never run out." Some people told us they were able to take their own medicine. They had been assessed to see that they were safe to do this independently.

Staff supplying medicines to people had a gentle approach when they encouraged people to take their medicine. Staff stayed with the person until they had taken their medicine . Medicine records showed that people received their medicine as prescribed. Medicines were securely locked away.

Medicines information included detailed information such as allergies so that people were not supplied with medicine they were allergic to. Fridge temperatures had been checked daily to ensure medicines were kept at the right temperature to ensure their effectiveness. Some medicine room temperatures were higher than the required level. The registered manager took steps to ensure the heating in this room was reduced to ensure medicines were stored effectively.

Staff had detailed medication training and records showed that they had to pass a detailed assessment before they could supply medicine to people.

People said that their human rights were respected. We saw that people had freedom of movement around the home and were encouraged to maintain contact with family and friends.

The registered manager said that when things had gone wrong in the past, lessons had been learned. For example, when there had been a medicine error, a new system to have weekly auditing of medicine records had been introduced.

Good

Is the service effective?

Our findings

People at Merrill House spoke very highly of staff and said staff they knew what they were doing when providing personal care to them. One person said, "Yes I think the staff are well trained." A relative told us, "Mum uses a wheelchair, she can stand on her own, the staff are brilliant – they're careful, they know what they're doing."

People's care plans included a detailed assessment of their needs. People were supported to achieve outcomes they wanted which were associated with leading as independent lives as they wanted. People told us that their needs were met and their choices were respected. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff were aware of people's cultural identity. They People were supported with those aspects of their lives by staff who were fully conversant with their responsibilities and who understood people's rights.

People said that the staff were trained and knew what they were doing when providing personal care to them.

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "Training is very good. If we need other training we just go to the office and the manager arranges this. I was uncertain of something so the manager arranged for the trainer to come back to give me one-to-one help." Another staff member described how good the training was about keeping people safe.

Staff training information showed that staff had training in relevant issues such as medicines administration, health and safety, and dealing with behaviour that challenged the service. Other training to support staff knowledge of people's conditions such as visual impairment, diabetes and end-of-life care had not been provided, although there was no evidence of this preventing staff meeting people's needs. The registered manager stated this would be organised to ensure staff had the proper knowledge to be able to effectively meet people's needs.

We found that staff had undertaken induction training. Staff told us that they had undertaken vocational training in health and social care practice so currently Care Certificate induction training was not required. Care certificate training covers essential personal care issues and is nationally recognised as providing comprehensive training . There was also an induction booklet for agency staff so they were aware of the principles of care and emergency procedures.

Staff had regular supervision sessions to discuss their work and any issues they had. One staff member said, "Supervisions are useful. We can discuss any issues and see if any more training as needed."

People said that they enjoyed the home's food. A person said, "If you don't like the food they'll make you something else like a sandwich." Another person told us, "I'm quite content with what (food) I get. We're offered teas and coffees and fruit juice is always beside my bed at night." A relative said, "They're always bringing small cakes, biscuits and tea and coffee and snacks."

We observed lunch time. There were condiments on the table for people's use and everyone had a drink . The food had a nice smell, was hot and well presented. Enough staff were around available to serve people quickly. Some people were assisted to eat and they were not rushed. Appropriate food was provided to people with swallowing issues. Staff chatted to people and it was a friendly and homely atmosphere.

Drinks were constantly available to people and they were offered more drinks throughout the day. This prevented people suffering from dehydration. There were scheduled meal times, but within these there was scope for catering for individual wishes. For example, we found that people could eat at times that suited them. Staff were aware of people's nutritional needs. For example, they knew people's dietary needs, such as the need to have soft food to prevent swallowing difficulties. The cook was aware of people's nutritional needs.

Two plates of food were transported to a dining room in another wing of the home without food covers, which did not effectively support food hygiene. The registered manager told us on the second day of the inspection visit that this issue had been followed up with staff.

People's health needs were met. A person said "Yes I think they staff are well trained. I have developed a problem with my heel …they called the doctor and I've now got this (pressure sock)." Another person told us, "I see the optician and the chiropodist." A relative said, "She has a problem with her heel and they sent for the doctor straightaway, mum noticed the problem and told them." Another relative told us, "We're kept well-informed about mum's health."

A district nurse told us that staff were very good at contacting them if people needed assessment for treatment. They said that staff always followed the guidance nurses provided. People told us that when they needed a GP or optician, this was always arranged for them. They told us they had no concerns about people's health needs being met. Staff ensured that people with specialist needs received their specialist check-ups with health professionals.

Records showed that people's health needs were met. Each person had a list of health professionals. These contained detail about a variety of relevant health appointments people that people had attended. Records also showed that staff had effectively dealt with any accidents that people had, such as by contacting the GP or district nurse.

The premises were accessible to people. One relative said, "The building is pretty well maintained." Staff wore prominent name badges to remind people who they were. There was a display showing the day and date and photographs displayed in corridors of local history pictures. This provided interest and stimulation for people, particularly people living with dementia .

Staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the relevant authority with regard to restricting people's choices in their own best interests. Staff told us that people were encouraged to independently do things for themselves even if they lacked capacity. This showed that the effective care was being provided to people in their best interests, even if they had limitations on their ability to decide all aspects of their lifestyle.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with them and asked for their consent before supplying personal care. A person said, "Yes they [staff] always ask consent and knock before entering."

We observed staff asking people for their consent except in one instance where a staff member had removed a person's drink without warning them and directed them to sit in another chair, when they did not want to do this. On day two of the inspection visit the registered manager confirmed that the staff member had been spoken with about checking with people to enable people to live their lives the way they wanted to.

Good

Is the service caring?

Our findings

All the people at Merrill House told us they felt listened to and that staff were friendly and supportive and caring towards them." One person said, "Yes, the staff are kind and caring, I like to think we have a friendly relationship. You can tell them [staff] anything." Another person told us, "They [staff] give you privacy and leave you alone if you wish. They don't bother you too much." Another person told us, "The staff are very good, friendly and helpful. If you go to them they'll help you." A relative told us, "Yes, the staff are kind and caring. Her privacy and dignity are respected. The girls [staff] are brilliant!" Another relative said, "The staff are kind and caring and concerned with the individual. They always respond to people. Staff know mum."

There were many instances of staff showing a caring attitude towards people. When people showed signs of anxiety, staff were quick to reassure them. Staff and management chatted to people about subjects that people liked such as musical preferences. They had a joke with people and praised people. For example one such as staff member complimented a person on their hair.

Staff demonstrated that they knew the people who they were caring for, for example by being aware of people's food choices, and their religious beliefs.

People said that family and friends were able to visit at any time and there were no restrictions. Relatives confirmed this. There was information on the customer information board about whether people wanted support from a visiting chaplain. The service user's guide emphasised that people were entitled to exercise their personal rights and that people's lifestyles would be respected such as respect for race, culture and sexual identity.

There was also positive evidence in questionnaires provided to people about staff promoting their privacy, dignity and independence. The customer information board displayed information outlining the expectation for staff to respect people's privacy and dignity.

People's care plans showed that they, or their relatives, were involved in decisions about how they wanted to live their lives. For example, in a person's care plan it stated that, "I like to stay in bed some days." A person said "Yes, I'm involved in planning my care we have a meeting about once a month. We have questions about the home and are asked for our opinion." A relative told us, "We've always been kept informed of her care."

There were 'residents meetings' to which gave people an opportunity to put forward their views on the running of the service. Questionnaires were also provided to people and their relatives so they could again express their views on how they wanted the home to be run. For example, people were asked whether they wanted any different activities or food or whether they had any concerns about how they were treated.

People told us that they exercised choice about important things in their lives. For example, what clothes they wanted to wear and what time they wanted to get up and go to bed. There were no set rules. They could choose their own lifestyle such as when to get up and when to go to bed, whether they took part in

activities and they were able to go out when they wanted. These issues showed that staff respected people's choices of lifestyle.

People told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging people to wash themselves where they could manage. Care plans supported this. They showed that people's independence had been promoted rather than staff intervening early and not allowing time for the person to try to complete this task.

Everyone who lived in the home was from the same cultural background and felt their needs were respected and catered for.

People told us that staff respected their privacy. Staff told us that they always knocked on people's doors and waited before entering. They closed blinds in bedrooms to maintain privacy and covered people when assisting with washing.

These issues showed that staff were caring, supportive and friendly to people and respected their rights.

Good

Is the service responsive?

Our findings

People were very complimentary about the personal care they received. They said it was personal to them and that staff and management responded to their needs. A person said, "She [the registered manager] saw me leaving my room with my zimmer [frame] and said 'Do you want a lift?' I said yes so she went and got the wheelchair and within a minute it was behind me."

When staff were present they responded to people's needs. For example, a person wanted to have biscuits instead of the cake that was offered them at morning tea. This was quickly done by a staff member. Staff acted on people's choices for meals and drinks.

Care plans had included of detail about people and their preferred lifestyles. For example, they contained information about their personal histories, their likes and dislikes, and what activities they wanted to do, treasured memories and important stories from their lives. This gave staff information about how to support people and to help them to achieve what they wanted. Records showed that personal care had been provided such as people wanting to have a regular wash.

When we spoke with staff about people's needs, they were familiar with them and they were able to provide information about people and their preferred lifestyles. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular eye sight checks.

Care plans had been reviewed to ensure they still met people's needs. This ensured that staff could properly respond to people's changing needs. Daily records detailed recorded relevant issues into people's lives. This meant that relevant information was available to staff about how to provide personal care and support to people.

Staff told us that the registered manager asked them to read care plans. They said that information about people's changing needs had been communicated to them through handovers of information between staff shifts and recorded in people's care plans.

People told us that there were activities available if they wanted to join in. We saw an exercise session which people enjoyed. A staff member encouraged people and demonstrated how to use the exercise equipment. They chatted with people. One staff member quizzed people about things in the garden, which they enjoyed. A person who liked painting had this equipment by their chair so that they could do this when they wanted.

Staff and relatives told us that there were a number of activities arranged such as tea parties, bingo, cards, games, singalongs, visiting entertainers and trips out. These included the Poppy exhibition in Derby and a trip to a garden centre. The royal wedding was recently celebrated. During our visit, a person was seen to go out with a staff member to a local pub to have a drink. Another person said they been offered this opportunity but were not interested.

One relative thought the garden was under-utilised. Two people told us that they had an interest in gardening. People appear to miss out on benefiting from fresh air and sunshine because no shade was provided and staff had not offered to assist them into the garden. The registered manager said this issue would be reviewed. After the inspection visit, the area manager confirmed that a parasol had been purchased so that when people went into the garden, their skin was protected from the sun.

The registered manager was aware of the new accessible information requirement. 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.

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 (AIS). The AIS 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. Care plans included a section about people's communication needs. Staff communicated with one person with cards showing everyday phrases to help communication. People with difficulty in hearing had working hearing aids. Large print books were available for people with sight impairment.

People and relatives did not have any complaints about the service. A relative said, "I don't have any concerns, if I did I would be confident to raise them, I come three times a week so I know what goes on." People were confident that any concerns would be taken seriously and would be acted upon appropriately by the registered manager.

There were no recorded complaints. Staff told us they had not received complaints from people or their representatives. The registered manager said the last complaint had been a number of years ago.

There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. However, it implied that if people weren't satisfied with the outcome of their complaint, CQC would then investigate. This was not correct as CQC are not the appropriate legal body to investigate or respond to specific complaints about care providers. This is legal responsibility of the local authority. There was also no explanation of the role of the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint. The registered manager said she would make the area manager aware the procedure needed to be amended to direct people to the local authority, the proper complaints authority.

No one received end of life care at the time of the inspection visit, though care plans contained people's end of life wishes and preferences. The registered manager said that she had had received training on how to provide care for people in the last period of their life. It was planned all staff would receive this training.

Good

Is the service well-led?

Our findings

The home was well led.

People and relatives told us the home was well-led. A person said, "Yes I think it's well led. I've always got on with the manager very well. She's always been there when you need her." Another person said they thought the home was well led and any concerns they had had been dealt with. They thought that the registered manager was very approachable. A relative told us, "Yes, I do think it's well led. I used to be a manager myself so I know what skills you need to manage people and I think the manager has these skills. She knows how to manage the staff and how to get things done. She has the right attitude."

This positive picture of management was supported by the large number of positive interactions we saw between staff and management and people living in the home.

The home had a registered manager, which is a condition of registration. Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

People were involved in the running of the home. People received satisfaction questionnaires from the provided which asked asking them about the quality of care, if they had any worries about their care and any ideas for improvement. Residents meetings also took place and they focused on finding out what people wanted the home to provide. For example, what food and drinks they wanted to have, and ideas for any improvements they wanted in the home. For example, in response to recent requests people had been supplied with ice creams, and had pot plants had been installed in lounges when they had made these suggestions. This showed that people were involved in the running of the home. They were satisfied with how the home was led and managed.

Staff were listened to and had an input in improving the service for people. Staff said they could approach the registered manager about any concerns or ideas they had to improve people's care. One staff member said, "Management are really good. They are always there to help us if we need them." They felt their opinions were properly listened to and they had received useful advice on how to deal with situations relating to people's needs. Another staff member said that staff had suggested having more flowers in the garden and this had been done. This indicated that staff were listened to so they had an input in improving the service for people.

During the visit we saw the registered manager and staff members were knowledgeable about the people that used the service. The registered manager said that it was essential that people were treated with respect and dignity, ensuring their welfare and giving them choices.

Staff members told us that the registered manager always expected staff to be friendly and approachable and treat people with dignity and respect. This was supported by the home's literature of the home. Staff said they would recommend the home to relatives and friends. One staff member said staff tried to make the

home like people's own homes. They said, "We are always conscious it is their home, not ours. We try to make it a real homely atmosphere."

The registered manager understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service to protect the welfare of people who lived there. There were audits to check that medicine was supplied administered as prescribed and that staff were competent to administer medication to people, ensuring kitchen hygiene and infection control, that health and safety systems were in place, and there was proper planning for people's care based on their needs.

This indicated a well led service. Having quality assurance systems in place protected the welfare of people living in the service and indicated a well led home.