Abbeyfield Society (The)

The Elders Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 5 December 2017 and was unannounced.

The Elders Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 18 people at the home, some of who have dementia and physical disabilities.

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

People and their relatives told us they felt the home was safe. They told us they had no concerns about being safe. Staff had received training about safeguarding and were aware of the processes to be followed when reporting suspected or actual abuse. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required. Risks to people had been identified and documentation had been written to help people maintain their independence whilst any known hazards were minimised to prevent harm.

The environment was clean, tidy and free from malodours. Infection control processes were followed by staff to minimise the risk of cross infection. Laundry facilities at the home had been improved through the employment of appropriate staff.

There were sufficient numbers of staff on duty at all times to ensure that people's assessed needs could be met. The provider had carried out appropriate recruitment checks so as to ensure that only suitable staff worked with people at the home. Staff had a good understanding about people's life histories, their preferences and how to attend to the needs of people.

Accidents and incidents were recorded and monitored to by staff to help minimise the risk of repeated accidents.

Where there were restrictions in place, staff had followed the legal requirements to make sure that this was done in the person's best interest. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure that decisions were made in the least restrictive way.

People's visitors were welcomed at the home and there were no restrictions on the times of visits. People's privacy, dignity and independence were promoted by staff who showed kindness and understanding of people's needs. A variety of activities were available for people to take part both internally and externally on

trips and excursions to places that interested them. Documentation that enabled staff to support people and to record the care they had received was up to date and reviewed on a regular basis. People had signed their care records that signified their involvement in their care, treatment and support. People's likes, dislikes and preferences were recorded and known by staff. Staff were knowledgeable about people's needs and had received training that helped to attend to the assessed needs of people.

Complaints were taken seriously by the provider and staff and addressed within the stated timescales to the satisfaction of complainants. A complaints procedure was available to people, relatives and visitors.

The provider and staff undertook quality assurance audits to monitor the standard of service provided to people. An action plan had been produced and followed for any issues identified. People, their relatives and other associated professionals had been asked for their views about the service through surveys and resident and relatives meetings.

The interruption to people's care in the case of an emergency would be minimised. The provider had a Business Continuity Plan that provided details of how staff would manage the home in the event of adverse incidents such as fire, flood or loss of gas or electricity.

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.

Staff were knowledgeable about the process to be followed if they suspected or witnessed abuse.

There were sufficient staff deployed at the home to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

People were kept free from infection because staff understood the infection control processes to prevent cross infection.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out full recruitment checks to ensure staff were safe to work at the service.

People's medicines were managed, stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People's nutritional needs were assessed and individual dietary needs were met. People could choose what they ate.

People had involvement from external healthcare professionals and staff supported them to remain healthy.

The environment was cleans and suitable for people living with dementia.

Is the service caring?

Good

The service was caring.

People's care and support was delivered in line with their care plans.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

People were supported with their religious beliefs and were able to practice their faith.

Visitors were welcomed at the home and could people could meet with them in the privacy of their bedrooms.

Is the service responsive?

Good

The service was responsive.

Where people's needs changed staff ensured they received the correct level of support.

Activities were appropriate to the needs of people and they were able to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well-led.

People and their relatives had opportunities to give their views about the service.

Staff felt well supported by the manager.

Staff met regularly to discuss people's needs, which ensured they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

The provider was aware of their responsibilities in regard to

sending Notifications about significant events to the Care Quality Commission.

The Elders Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 5 December 2017 and was unannounced. This was a comprehensive inspection carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who lived at the service and three relatives. We spoke with the registered manager and five members of staff. We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at three records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

This was the first inspection of this service registered with the Care Quality Commission 2016.

Good

Is the service safe?

Our findings

People felt safe living at the Elders Care Home. People and their relatives were very complimentary about the care provided by staff. One person told us, "I feel very safe here with staff." Another person told us, "Yes, I feel safe."

People were protected from abuse because staff understood their roles in keeping people safe. The provider had a policy in relation to safeguarding people that gave a clear description of the processes to follow for reporting any concerns. Staff told us they had read this policy and it was clear they had a good understanding of the procedures to follow should they witness or suspect abuse. The staff told us they had undertaken safeguarding training within the last year and records confirmed this. Staff gave examples of the different types of abuse that could occur. Staff were aware that a referral to an agency, such as the local Adult Services Safeguarding Team could be made, in line with the provider's policy. One staff member told us, "I would definitely report all concerns to the manager. I have a duty of care and I would call the CQC, police and the safeguarding team if I needed to." We noted that the contact details for reporting abuse was available to staff in the office and to people in the Service User's Guide. There had not been any safeguarding concerns raised at the home.

Risks to people's safety were identified and control measures in place to keep them safe. Care plans contained a 'Personal Risk Screening Tool' that were individual to each person. Risk assessments included risks in relation to falls, nutrition, mobility and pressure care and included clear guidance for staff to help minimise risks. For example, one person a falls risk assessment stated that they could move independently but staff had to ensure that they had their walking aid with them at all times. We observed this person sitting in the lounge with their walking stick beside them. Staff knew what the risks were to people and the appropriate actions to take to protect people. People also had Personal Emergency Evacuation Plans (PEEPs) in their care files and a colour coded sheet for this was available for staff an evacuation of the home was required. Fire risk assessment's had been reviewed in February 2017 and records of fire drills were maintained and servicing of the fire detecting systems regularly reviewed.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. Staff told us that there was always enough staff on duty to meet the needs of people. The registered manager had used an assessment tool to determine the numbers of staff required for the needs of people and staffing numbers were amended as and when people's needs increased. The registered manager told us that the staffing throughout the day was one senior member of staff and four care staff for the morning shift and one senior and three care staff for the afternoons. This was confirmed during our observations, discussions with staff and the viewing of the previous four weeks duty rota. The registered manager told us that she and the deputy manager were supernumerary to the duty rota. People told us that there was enough staff at the home to help them. One person told us, "Staff never rushed with my care they always take their time." Another person told us, "Staff are always there when I need them." Another person told us, "Staff always come quickly to me when I need any help."

People were kept safe from being cared for by inappropriate staff because the provider carried out checks

on all new staff that they recruited. The provider told us in their PIR that they had robust recruitment and selection procedures in place so that only suitable staff were employed and we found this to be the case. The recruitment process included obtaining a full employment history with explanations for any gaps in employment, the minimum of two written references, proof of the person's identification, and a check with the Disclosure and Barring Service (DBS).The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

Medicines were administered, recorded and stored safely. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. They also included the contact details of the person's prescribing GP. The registered manager and staff told us that only the senior staff and those who had received the appropriate training administered medicines to people. Records of medicines received into the home and returned to the pharmacy were maintained. Medication Administration Records (MARs) were up to date and no omissions of signatures were noted. Homely remedies were available as required. PRN medicine protocols were in place for those people who required them (this is medicines that were to be given 'when required.') People received their medicines as they were prescribed by their GP. People told us they always received their medicines on time and they knew what their medicines were for. One person told us, "I always get my medicines on time, I take a lot now." Another person told us that they knew what their medicines were for.

People were protected from the risk of infection. The home was very clean and there were no malodours noted. Staff were knowledgeable in infection control procedures and were aware of who the lead person for infection control was at the home. We observed domestic staff undertaking cleaning tasks throughout the day. Staff told us that they had received training in relation to infection control and they had read the provider's policies and procedures. The laundry person was able to describe how they had a clean and dirty area in the laundry room and showed us the laundry facilities which were clean and the flooring was fully sealed. People and their relatives told us that the home was always very clean and tidy. One relative told us they noted staff would wear gloves when they helped their family member with personal care. Infection control audits had been undertaken on a regular basis. When an issue had been identified actions taken had been recorded. For example, it was noted in the November 2017 audit that four mattresses' needed to be replaced. This had been completed. The audit also identified that two bathrooms required to be upgraded with new furnishings and décor. This was been undertaken at the time of our visit. The registered manager had introduced daily cleaning schedules as part of their improvement plan for the home.

Staff understood their responsibilities to raise concerns and report them to the registered manager. Staff told us that they reported all accidents and incidents to the registered manager and these would be discussed during staff meetings so they could learn from them. Records were maintained of accidents and incidents that had occurred at the home and the registered manager undertook a monthly analysis to look for any themes and recorded actions taken. For example, one person had two falls in quick succession. The falls risk assessment was updated and a referral to the falls clinic through the GP was made.

Interruption to people's care would be minimised in the event of an emergency. The provider had a Business Continuity Plan, which was up to date and accessible. It contained detailed and relevant information concerning the safe management of adverse events such as fire, flood, staff shortages and power cuts. These included emergency contact numbers and alternative accommodation arrangements.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they believed they were skilled to meet their needs. One person told us, "I think they [staff] have been trained." Another person told us, "All the staff are nice and they must have been trained." Relatives were complimentary about the staff and how they engaged with their family members. One relative told us, "Staff are very good with my [family member] so I think they are trained."

People received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. The provider told us in their PIR that staff had received the mandatory training as required and other training that included equality and diversity, dementia and person centred care. We found this to be the case. Staff told us they had the training and skills they needed to meet people's needs. One member of staff told us, "There is lots of training here, I have recently done first aid and moving and handling. The training makes me feel confident and we have regular refresher training." Records provided to us and certificates seen in staff files confirmed that staff had received all the mandatory training as required.

New staff were provided with an induction when they commenced their role and undertook the care certificate training. The care certificate is a set of standards that social care and health workers follow in their daily working life. It provides staff with a skills and knowledge and behaviours to provide compassionate, safe and high quality care and support. One member of staff told us, "I had a thorough induction when I started and I shadowed another member of staff for two weeks. The induction included all the mandatory training."

People were supported by staff that had supervisions (one to one meeting) with their line manager. Staff told us that they had regular supervisions and they could talk to the registered manager at any time. Records maintained in staff files confirmed that regular supervision took place. The registered manager told us that annual appraisals had been set for December 2017 as staff would have completed a year working for the new provider at this time.

People's needs and choices were assessed and care, treatment and support was delivered in line with current legislation. Pre-admission assessments had been undertaken from which person centred care plans had been written. Personal information about the person was included. For example, their life stories, likes and dislikes. Staff worked with other professionals involved with the care, support and treatment for people. For example, healthcare professionals and community psychiatric nurses (CPN). This meant people's care was delivered in line with best practice.

People had access to all healthcare professionals that supported them to live healthier lives. Records confirmed people had access to a GP, dentist, CPNs and opticians and could attend appointments when required. The registered manager told us that the GP visited promptly whenever they called them. People told us they saw all the healthcare professionals when they needed to. People and their relatives told us that healthcare professionals visit the home and they see them when they need to. This meant that staff at the home worked with all services to deliver effective care to people.

People were supported by staff who worked well with other organisations to deliver effective care and ensured that people's healthcare needs were met. Care plans had records of regular meetings and consultations with people's GP, Dieticians and Hospital Consultants.

People were supported to ensure they had enough to eat and drink to keep them healthy. The provider told us in their PIR that that people's likes, dislikes and dietary requirements were recorded and a copy of these was provided to the kitchen. We found this to be the case. People's dietary needs and preferences were documented and known by all staff. People told us that they were happy with the food and that it was always freshly cooked. One person told us, "The food is very good here." Another person told us, "Yes the food is good, if I do not like what is on the menu then they would make something else for me." A third person told us, "There are lots of foods I cannot eat due to allergies but the chef knows about these and always makes me alternative food that I like and can eat." The home provided a four week menu that included choices for meal times. Lunch time was a relaxed, unhurried experience for people with sufficient staff available to offer support as and when required. One person preferred to have their lunch in the lounge and they were supported by staff to do this. The dining room tables were nicely laid with table cloths, serviettes and condiments.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the Mental Capacity Act (2005). Records for people contained evidence of decision-specific mental capacity assessments in situations where people were unable to make decisions. For example, one person had had a MCA assessment that stated they lacked capacity to consent to care and treatment. Another person had a DoLS for not being able to go out unsupervised. There was a record of the best interest decision and a DoLS application had been submitted. Staff had a good understanding of the MCA and they were aware of the procedures to follow when a person lacked capacity. One member of staff told us, "Best interest meetings are to help decide on the least restrictive decisions for people who lack capacity." Not all people could make their own decisions, however people we spoke with told us that they made their own decisions. One person told us, "I make my own decisions." People who were able had signed consent forms that were maintained in their care files.

People lived in an environment that that was been adapted to meet their needs. All equipment used at the home was serviced in line with the manufactures guidance to ensure they remained in a good state of repair and were safe for people to use. The flooring at the home had been replaced with plain coloured carpets that would not cause confusion for people with dementia. There was good signage throughout the home that enabled people to find their way around to important rooms. For example, the dining room, toilets, bathrooms and their bedrooms. Bathrooms were in the process of being fully refurbished. People had their own room with en-suite toilets and showers and their personal belongings.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us that staff were caring and kind people. One person told us, "Staff are very caring, if they can help you they will, if they cannot then they would find someone who could." Relatives were also complimentary about the care provided to their family members. One relative told us, "I think they [staff] are brilliant, I really do. When my [family member] had a fall they were really kind to them. They always inform me when anything is wrong."

The provider told us in their PIR that visitors to the home had described it as being homely, comfortable, safe and caring and we found this to be the case. We observed staff interacting with people throughout the day. Staff were positive in their roles and were compassionate and committed to the people they supported. Nothing was rushed and staff were able to take their time when they supported people. For example, one person required support to walk to the dining room. Staff reassured the person and told them to take their time. Staff offered people choices of drinks and snacks throughout the day.

Although people had been told what the choice was for lunch and a menu was displayed throughout the home, we observed staff showing people plated meals that helped them to decide which meal they preferred. Staff were available to provide support people during lunch as and when required and they engaged in conversations with people.

People's privacy, dignity and independence were promoted by staff. Staff told us that they ensured all personal care was undertaken in the privacy of people's bedrooms with the doors and curtains closed, we observed this in practice during our visit. People told us that all staff respected their privacy and dignity. One person told us, "Staff always respects my privacy." One member of staff told us, "We keep the door closed and cover people with a towel when we help them." Another member of staff stated, "This is people's homes. We make it as comfortable as possible and we do what we can to make people feel relaxed and happy." People were encouraged to be independent. One person told us, "They [staff] leave me to wash and dress in the morning by myself, if I need help then all I have to is ask the staff."

People and their relatives were involved in their care. Throughout the day we observed staff asking people what they wished to do and staff respected the choices people made For example, one person had expressed their choice to go to their bedroom to be on their own. A member of staff respected this and supported the person to their room. One person told us they felt involved in their care and stated, "I have my bath on a Thursday but I can change that at any time." Staff told us that they involved people in making decisions about their care, support and treatment. One member of staff told us, "When I do personal care with people I always have a chat with them first. They can choose to have a shower, bath or a strip wash and they choose the clothes they would like to wear." A relative told us that they were involved in the care plan and they and their family member could make changes to it at any time. Relatives also told us that they and their relative attended reviews. One relative told us, "I am fully involved in the planning and reviewing of [family member's] care."

The religious needs of people were promoted. The registered manager told us that all people living at the

home were Christians and some liked to practice their faith. Religious leaders visited the home and provided services for people that wanted to partake.

People's visitors were made welcome at the home. Throughout the day relatives were coming in and out of the home to see their family members. One relative told, "I can come here at any time to visit my [family member]."

Good

Is the service responsive?

Our findings

People had care plans that were personalised and detailed daily routines specific to each person. People told us that they were aware of their care plans and that they could make changes when they wanted to. One person told us, "I have only made changes about what I want to eat. The staff have done this for me."

Care plans were person centred and had been written from the information ascertained during the pre-admission process. Care plans included a personal profile, their life history, hobbies and interests and the way they preferred their needs to be attended to by staff. There were also details about how to interact with the person, especially if they were to become agitated. For example, one person would display aggressive behaviour towards staff and other people. There was clear guidance for staff about how to divert this type of behaviour through distraction techniques such as talking to the person in a very calm manner and maintaining eye contact. We observed staff putting this into practice when the person became distressed during the day. A member of staff crouched down to gain eye contact with the person, placed their hand on theirs and talked to them in a calm and reassuring manner. The member of staff engaged the person talking about Christmas and the lunch they would be having. This distracted the person who happily continued chatting to the member of staff. This happened on a number of occasions during our visit. Another person's care plan informed that the person loved children and babies. We saw this person had two baby dolls with them. Staff told us that this helped to distract this person when they become verbally aggressive and it helped them to use this as a distraction technique.

Staff were responsive to the needs of people. One person could be heard in the bathroom area shouting, "I don't want it" and becoming frustrated with staff. We heard staff talking to the person calmly and discussing animals. They also put music on. We read in this person's care plan that they could become agitated when having personal care. The guidance stated that staff should use a calm approach and talk to the person about dogs as this was something of interest to the person. It also informed that the person used to be a singer and liked music which would help them to relax. This meant that staff were aware of how to meet and respond to people's needs. Staff also recorded behaviours that challenged after each episode and these were regularly discussed with healthcare professionals.

People had a range of activities they could be involved in. The provider told us in their PIR that people were taken to outside activities on a regular basis as this was requested by people at a resident and relatives meeting. We found this to be the case. People were able to choose the activities they took part in. In addition to group activities people were able to maintain hobbies and interests; staff provided support as required. A programme of activities was provided by an activities coordinator. These had included quiz, skittles, trips out to the shops, cinema, places of interest, and art and craft. One-to-one activities also took place in people's bedrooms so no one was left feeling isolated at the home. External entertainers visited the home. Staff encouraged people to take part in activities that they were interested in such as gardening and painting. One member of staff told us, "One person had not been outside of the home for a considerable amount of time. Whenever we offered external activities they had always declined. However, we continued to work with this person and encouraged them to go on a theatre trip which they had thoroughly enjoyed; they joined in with all the songs in the show." We observed activities taking place. People took part in a

skittles and a catch game that they enjoyed. People were laughing with staff and had a lot of fun.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been six complaints and these had been investigated thoroughly. Records maintained showed that the complainants were satisfied with the outcomes of investigations into their complaints. Staff told us they would take all complaints to the registered manager, but they would try to resolve them if they could. People told us they knew how to make a complaint if they needed to. One person told us, "There was one person who used to walk into my room but not anymore. I spoke to the manager and it was resolved." Another person told us, "I would go straight to the manager, she is very good. If you have anything to say she listens to you, she always makes time for you." A relative told us they would talk to the registered manager if they ever needed to make a complaint and that they were confident that she would listen and take the appropriate action to resolve any complaints. Staff told us that complaints were discussed during staff meetings so they could learn from them and help to avoid a repeat.

Staff at the home had also received many compliments from people and relatives. Comments included, "The food and support provided by staff is excellent" and "Thank you for taking great care of [family member] and "The home is lovely and very clean."

People at the home were not receiving end of life care. We observed during a resident and relatives meeting that the registered manager delicately raised the matter about recording people's end of life wishes. The registered manager stated that this was a sensitive subject and that it would be discussed on a one-to-one with people and that their wishes would be respected.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought that the service was well led by the registered manager and the senior team. One person told us, "Oh yes, it is well managed." Another person told us, "Yes it is managed well here. You can ask for anything and they will do it for you." Relatives were complimentary about the registered manager and the changes they and the new provider had made since they took over the running of the home. One relative told us, "They have done lots of work here to the décor without disrupting any of the people who live here." Staff concurred that the home was well managed. One member of staff told us, "The home is managed well and the manager has put ideas into practice without disrupting the residents. When the new carpets were being laid we took the residents to a show at a local theatre and when we returned it was all finished, it was very good planning."

The service promoted a positive culture. There was a staffing hierarchy at the home and all staff knew what their individual roles were and the duties they were to perform. The provider had a set of values that included being caring, open, honest and respectful for all people. We observed staff working within these values throughout the day. For example, we observed staff interacting with people in a caring manner, taking their time and waiting for people to respond to questions asked of them. Staff were respectful to people throughout our visit and adhered to the choices people made. Staff would not just do things for people, they allowed people to do as much as they were able to before they asked if they would like some help.

Quality assurance systems were in place to monitor the quality and running of service being delivered. The registered manager told us that they had identified a number of shortfalls when they started at the home and had made lots of changes since. Staff confirmed this and told us that the changes were for the better of the home and people. Staff told us that communication at the home had vastly improved and regular meetings had been introduced. The registered manager told us that they had identified a number of shortfalls at the home and had undertaken a holistic audit of the home and an action plan had been produced. These had included audits of health and safety, care management, staffing, building and facilities and records. This produced an improvement plan to continuously learn, improve, innovate and sustain sustainability. For example, there was no evidence that testing for legionella had been undertaken. This had been actioned and included cleaning shower heads and weekly checks on the water temperatures. People had not been consulted about the menus; this was now discussed at resident and relatives meetings every month. Other audits undertaken by the registered manager included monthly checks on infection control, medicines, MAR records, care plans, menus and staffing at the home.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A survey to ascertain the views of people, relatives, staff and other stakeholders had commenced in October 2017 and was on-going at the time of our inspection. The registered manager told us that these would collated by the provider and a summary of the findings would be produced in January 2018. People and their relatives told us that they were asked for their views about the home and how it was run. The provider told us in their PIR that monthly resident and relatives meetings took place where they could express their views about the home and was also used as a good method of

communication. We found this to be the case. People and their relatives told us that monthly meetings had been organised by the registered manager. One relative told us, "The communication here is very good. The manager has made a lot of changes this year and they have talked to us about the plans for the future. We are asked for our ideas about the home during our monthly resident and relatives meetings." Records of these meetings were maintained at the home. Topics discussed included food, activities, health and safety, staffing updates on the home and progress being made. People and their relatives were asked for any ideas they had for the home and these were listed to and acted on. For example, a relative had asked for more chairs to be made available when they were visiting their family members in their bedrooms and this had been actioned. People had raised concerns about the laundry and how to improve this through having a specific member of staff responsible. The provider had listened and employed a laundry staff member and a full time housekeeper. People and their relative's were very happy with this.

Staff provided positive feedback about the communication at the home, the support from the registered manager and the improvements made to improve staff morale. One member of staff told us, "The manager has an open door policy and is very approachable. She promotes good team work and we now have two monthly staff meetings. We are all encouraged to be involved in the running of the home." For example, the member of staff had suggested changing the napkins used during meals times to disposable ones to help reduce the risk of unsafe hygiene. These had been implemented and were seen during our visit.

The provider and staff worked with other related agencies that ensured people received joined up care, treatment and support. The provider told us in their PIR that they worked with other agencies and professionals to provide supportive care to people and we found this to be the case. Records viewed showed that staff worked closely with all healthcare professionals to ensure that people received safe, effective and responsive care. For example, GPs, occupational therapy, physiotherapy and dieticians.

The provider was aware of their responsibilities in regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.