

Riverside Nursing Home Limited

Riverside Nursing Home

Inspection report

Riverside House
Westbury
Sherborne
Dorset
DT9 3QZ

Tel: 01935812046

Website: www.riversidenursinghome.co.uk

Date of inspection visit:
30 October 2018
01 November 2018

Date of publication:
21 January 2019

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

People and staff told us they felt the staff team had been well led by the registered manager. The registered manager also known as matron had been in post for 14 years. They were supported by clinical leads, nurses, team leaders, seniors and care assistants.

The registered manager completed a number of audits relating to the monitoring of the service which included falls. They said, "We monitor falls really closely using half-hourly observations, light beams, alarm mats, and crash mats. If a person is at risk of falls, we often provide an ultra-low profiling bed. We carry out an accident audit and analysis to identify trends. These are comprehensive and examine all factors that might cause people to fall."

The registered manager said, "I believe the trick is to get everyone involved and engaged in the management of the service. For example, we have monthly heads of department meetings, in which the health and safety champion and infection control champion are included. We start with health and safety and discuss all other issues that need to be addressed. This means that the management of the various teams is integrated and work together. This helps us to keep things running smoothly either when things become difficult or when I am not present. An action plan is created out of this meeting. At the next meeting, actions are followed up and any outstanding actions addressed.

Areas identified for improvement were responded to in a timely manner by the management of Riverside Nursing Home. Some issues identified required longer-term actions, however some were quickly addressed. For example, Do not disturb signs were purchased for people's doors to ensure privacy whilst having their personal care.

Staff held specific responsibilities in regards health and safety, infection control and dignity. They told us, "I cannot guarantee that our staff will never commit errors. However, we as a management team, and I as the registered manager, do try to anticipate issues and also ensure that staff are aware of, and carry out good practice". The registered manager was confident that "their extensive audits and monitoring of the service" would ensure any issues or concerns would be highlighted and addressed with immediate effect.

People their relatives, staff and professionals felt the service was well led. They all told us the management team were approachable, and they could talk to them at any time. One person said, "We always see the matron around, she is very approachable." A relative told us, "The home is well run, they think of the resident first, they think outside the box". "The matron is a good role model, they do so much." "I definitely like it here, matron is one of the best, I feel safe and well looked after."

The registered manager told us they received regular support from the provider, they told us, "I normally see them once a month, but would call if I needed any additional support. We have a good working relationship." The provider sought input from external agencies and organisations to ensure improvements in service delivery. Residents meeting were held to enable people to have information shared and to share

ideas.

Feedback from staff about the management team was positive. We were told that management were approachable, listened and took action where this was needed. The registered manager and management team were visible and helpful during our inspection. There was a shared focus on ensuring that people were treated with equality and dignity. The registered manager told us they were proud of their team, they told us, "There are staff incentives in place to recognise the valuable contribution staff make to the home. This includes rewarding staff that share good ideas that will benefit the residents". "Staff have regular supervision and annual appraisal. We keep staff informed when we have meetings. If there is an issue of poor communication or poor practice we manage this with supervision". Staff confirmed they had regular staff meeting and were able to contribute ideas.

The service worked in partnership with a range of external agencies to provide joined up care to people. They were in regular contact with the local authority safeguarding team from whom they sought advice and guidance if there were any potential safeguarding concerns. A professional told us that the home had worked well with them and had taken on board their suggestions and recommendations following a recent visit to the service.

The service played an important role within their local community. The service ran a local community group to support people who were living with the effects of a stroke. The registered manager told us, "Local people come along you don't have to have had a stroke, just enjoy a social gathering. We have great links with our local hospital and GP surgeries, who get involved. Our residents love going to the club each week. Other initiatives included working with local schools to offer work experiences, and younger children coming to the service at festival times, to sing and socialise with people and their families.

There were development plans in place to drive changes and improvements at the service. The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents.

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 said the staff made them feel safe. People's health and well-being was assessed and documented.

People's medicines were safely administered by registered nurses and senior staff who had received specific training to carry out this task.

People were protected from discrimination and staff understood how to manage different risks to keep people safe in their own homes.

People were protected by staff who had a good understanding of how to safeguard people from abuse or harm.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good 

The service was effective

People had enough to eat and drink to meet their health needs.

People could choose what to eat from a choice of freshly prepared food.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and caring.

Peoples were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

People were supported by staff that respected and promoted their independence, and dignity.

Is the service responsive?

Good ●

The service was responsive

Care plans provided details about people's needs and associated risks.

People were supported to continue with lifelong hobbies. A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

People were supported with their end of life wishes.

Is the service well-led?

Good ●

The service was well led

Systems were in place in regards auditing and reviewing how risks for individuals were managed.

Staff felt their work was valued and recognised with opportunities to develop their skills and knowledge.

Audits were done to help ensure the quality of the service.

People and those important to them felt consulted and involved.

The service had established and maintained good working relationships with partner agencies such as GP surgeries and social work teams.

Riverside Nursing 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.

This inspection took place on 31 October 2018 and 1 November 2018. The inspection was unannounced and was carried out by one adult social care inspector, one assistant 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 service. The expert by experience had experience of supporting older people.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and by speaking with the local authority contracts and safeguarding teams.

We used information the provider sent us in the PIR. 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.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

We spent time looking at records, which included, six people's care records, five staff recruitment files and records relating to the management of the service, which included three Medication Administration Records [MAR] and quality assurance files, complaints and compliments files.

We spoke with 14 people who used the service, five relatives, two visitors, five care workers, the chef, the clinical lead, the registered manager and a house keeper. We contacted three health professionals by email but did not receive a response.

Is the service safe?

Our findings

People told us they felt safe living at Riverside Nursing Home. Staff told us people were safe and relatives also told us they thought their family members were safe. Comments included: "Yes, I do feel safe here." "The staff always make sure I have my call alarm on if I am out of my room".

People who were assessed as being at risk were seen every 30 minutes and a record of this monitoring was kept. No one was at risk of dehydration or malnutrition, however the provider had a process which included detailed monitoring and recording of food and fluid intake.

We observed people eating their lunch on the first day of our inspection. One person had a risk of choking. The risk assessment stated all meals needed to be supervised with the person 'being encouraged to slow down and chew food between mouthfuls'. The person was observed sitting alone eating their meal fast. Although there were numerous staff within the area, and were seen to be observing people eating, the person was not reminded to slow down when eating. We asked a team leader about the risk of the person eating fast. They informed us, "Normally there is a staff member helping someone else at the table who would observe, we were observing [name] although not sat with them." They agreed the person should have been encouraged to slow down when eating their meal, to reduce their risk of choking.

Care plans clearly identified the support required in regards cleaning teeth or dentures. However, people's records were not always up to date. The registered manager felt this could be staff error in recording when oral hygiene had been provided. The registered manager took action to ensure oral hygiene became part of their daily audits.

Medicines were stored in locked trolleys. There were two medicine trolleys, one on each floor, both trolleys were kept in a locked clinical room when not in use. We observed the trolleys were over stocked. The clinical lead told us their recent pharmaceutical inspection had identified the trolleys were too small and new ones were on order.

A medicine fridge was available for medicines which needed to be stored at low temperatures. The temperature of the room was monitored daily. Some medicines which required additional secure storage and recording systems were used in the home. These were stored and records were kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members. We checked three records and observed stock levels tallied with the records completed by staff. Medicines were only administered by registered nurses or trained senior staff. People told us they received their medicines safely. The registered manager told us any errors were recorded and lessons learnt. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Risks of abuse to people were minimised because the provider had robust recruitment procedures in place. Before commencing work all new staff were checked to make sure they were suitable to work at the home. Where agency workers were employed the registered manager had recruitment checks in place from the

agency who employed them.

There were sufficient, skilled staff to meet people's needs. We discussed the staffing levels with the clinical lead, who informed us staffing levels were currently calculated in regards needs. People told us they felt there were enough staff available who they knew well. We reviewed three weeks staffing rota and found the required staffing levels were consistently met. The registered manager informed us where there were gaps these were either picked up by regular staff or agency workers.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area. Staff told us they would feel confident to raise any concerns. People were protected from discrimination and staff understood how to manage different risks to keep people safe. The registered manager was able to demonstrate when, and why safeguarding alerts had been raised and how they continued to work with other professionals to keep people safe.

Care plans provided details about people's needs and associated risks. There was information about how to reduce risks. One member of staff explained how a person's care plan guided their support for a person, they told us, "We know about people's risks, and I know our residents are safe." Staff were aware of risk associated with people's behaviours and how to support people to remain calm. Another member of staff told us, "We know some of our residents get a little anxious at time, but also know them well enough to know how to support them to feel safe and settled." They gave examples of spending extra time with one person ensuring they had structured time in and out of the service. They told us, "Outcomes have been very positive in regard [person's name] mood and behaviour when they are anxious, because the regular support has reduced their anxieties".

People had Personal Emergency Evacuation Plans [PEEP] detailing the support they would need to safely evacuate the building in the event of an emergency. There was a contingency plan in place that held the information in regards the PEEP. However, there were two members of staff living at the service, their names were not added to the fire evacuation plan. This meant that there may be at risk if they did not have the correct names of people living at the service. We shared this information with the fire service to complete fire safety checks. The registered manager took immediate action to ensure the plan was up to date, and live in staff were able to sign in and out of the service.

Staff were clear on their responsibilities in regards infection control. Cleaning schedules were in place, and there were ample hand washing facilities throughout the building. Staff informed us they had access to Personal Protective Equipment [PPE], such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. The housekeeper informed us, "We have good standards of care, and take infection control very seriously. We have four cleaners on every day and follow a strict cleaning schedule, including deep cleaning". They told us all staff had received food hygiene training, which enabled their team to support care staff at lunchtimes.

Accidents and incidents had been recorded and were monitored on a weekly basis by the registered manager. There was an open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. The registered manager told us, "I look for quality care and discuss any incidents or concerns with the team. We offer additional training supervision and support where needed."

There were a range of checks in place to ensure the environment and equipment in the home was safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out. There was a maintenance person in post who had worked at the home for many years.

Actions arising from health and safety audits had been completed.

Is the service effective?

Our findings

People living at Riverside Nursing Home had a variety of needs, with some people living with forms of cognitive impairments which could affect their ability to make decisions. We checked whether the provider was working within the principles of The Mental Capacity Act 2005 (MCA).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and their families informed us they had been involved in decisions where their loved ones were unable to give their consent. They informed us they had been involved in best interest meetings. However, we found the best interest paperwork, did not show that any family members or health professionals had been involved in decisions. Following the inspection, the registered manager sent updated MCA assessments which showed people's representatives had been involved and had signed the best interest decision paperwork.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We were advised by the registered manager that there was one person who had an authorised DoLS and one person where an application had been made. We were informed there were no conditions attached to the DoLS. However, we observed one person had an authorised DoLS with conditions. One of the conditions for this person was to take part in activities which increased their sensory stimulation. These activities had not been recorded in the persons care records. The person's condition has deteriorated significantly since the DoLS authorisation.

People's nutritional needs were assessed and their weights were monitored. When people had specific dietary needs, specialist advice had been sought from a Speech and Language Therapist [SALT]. The advice had been incorporated into people's care plans. This included information for staff on how to support people who needed assistance, any special cutlery that should be used and the positions people should be when eating or drinking. Staff made sure that people received any specialist diets they required including soft textured food.

People were provided with individual menu tick sheets to choose which meals they would like for the next day. The menus were personalised by the kitchen assistant who wrote people's dietary requirements so the chef would know by looking at them the next day when preparing the breakfast and lunch. When a person moves into the home the chef is provided with an introduction to the person including their likes, dislikes, diet and preferences.

We observed people being assisted with their meals in a way that respected dignity and at a pace led by the person. People were offered a variety of alcoholic and non-alcoholic drinks to accompany their meal. There

was a nice relaxed atmosphere, a radio played quietly in the background. Staff and people chatted all through the meal. Staff were very attentive asking, "Is everything ok?" and, "Be careful the plate is hot." People told us they enjoyed the food, comments included. "This is the best food I have ever had in my life. I have a good fried breakfast same as I have at home." "The food is excellent and if you are hungry at 8.00pm at night the chef will do you something, he is a good chef."

Staff told us they felt they received enough training to carry out their roles. New staff told us they had followed an induction programme, and received training. They then shadowed senior staff until competent in their roles. In addition to the induction programme there was a competency assessment toolkit which linked to the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Competencies were assessed during new staff's shadow shifts and probationary period.

Nursing staff were aware of their responsibilities and supported to re-validate with their professional body, the Nursing and Midwifery Council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

Staff received training in subjects such as moving and handling people, infection control, safeguarding adults, fire safety, first aid, fluid and nutrition, dementia awareness and supporting people at the end of their lives. The registered manager told us the service was currently transferring to a new training provider, which would provide online and face to face training. They told us additional support was available for staff who found some learning online difficult, such as support from other members of staff and additional time to use computers at work.

Staff told us they received one to one supervision with their line manager to review their performance and received feedback around their work, although some commented they had not received this for a while. Those staff told us they felt supported and if they had any concerns they would raise these with the senior staff or nurses. The registered manager told us they held themed supervisions linked to staff individual training needs.

People had communal areas where they had space to sit and relax and hold meaningful conversations with each other. At the time of the inspection some structural changes were being made to bathrooms, but this was not seen to affect the running of the service. There were a number of people living with dementia. Although room all looked the same from the corridors the registered manager told us they were aware they may need to change the appearance of rooms so people could locate their rooms in the future.

The home had a garden, and some rooms had patio doors leading into the garden. People were proud of their garden and the recent work which had been done. There was a gardening club and people living at the service grew their own vegetables. Previous members of the garden club helped to build a flower bed. Each person's name was written on each brick used to build it.

Care records contained evidence of staff working closely with a range of health care professionals to maintain and promote people's health. These included GP's, district nurses and social workers. Where people's needs had changed staff had contacted the relevant health professionals for advice and guidance. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. People were supported by care staff to attend appointments and GP's visited the service each week.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness and compassion. Comments included, "I am looked after exceptionally well I am quite happy at the moment." "I am well looked after; all the staff are good." "Staff are very kind and caring they look after [title] well."

Staff knocked on people's doors before entering their rooms. However, we noted there were no signs on the doors to stop others entering when people were receiving personal care. We discussed this with the registered manager who ordered dignity signs to hang on doors when personal care or when time alone was required.

Staff supported people in a kind and considerate manner. We observed people and staff chatting in a relaxed and friendly manner. Conversation demonstrated that staff knew people well. Staff understood people's communication styles and took time to provide reassurance to people if they needed it. People were seen to respond well to staff and appeared happy in their care. A relative told us, "They [staff] have just done a lovely birthday party for [title] all our family came we had a lovely time."

People were given time and space to spend private and uninterrupted time with their family and friends. Relatives told us that they could visit at any time. One relative said, "We are always offered a cuppa when we come." Throughout the inspection we observed visitors coming to the service and enjoying time with their relatives. There was information available in the entrance hall informing people and their relatives of events happening within the service. There was also a suggestion box for people and their relatives to make suggestions.

There were Dementia Champions working in the service which was felt to be important as some people were living with dementia. One member of staff told us, "We have to watch [title] as they go into other people rooms. They do know where their room is it is just something they do." The registered manager told us they were aware there were a number of people living with dementia and would consider changes to the environment on an individual basis.

People told us they were treated with dignity and respect. One member of staff shared an experience of taking part in a dignity experience. They told us they had acted the part of a blind person for the day who needed support with eating. They informed us, "The experience of being fed with a thickened cup of tea, opened my eyes to how we all swallow different, and changed my practice. Regardless of how long it takes to help someone, that's the time it takes." People told us staff respected their dignity and asked for consent before supporting them.

People's cultural and spiritual needs were respected and reflected in their care plans. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Where people wished to receive communion, local clergy visited the home on a regular basis.

The service kept a record of compliments they received. We reviewed a file that contained written feedback

to the service to express their thanks. Comments included, "Thank you for all your care and patience and looking after [title] so well." "Thank you all for you kindness to [title] I visit often and they always say how kind you all are."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The service was flexible to ensure it met people's changing needs.

Prior to people receiving care from the service a detailed assessment was carried out. Staff told us they followed the guidelines in the care plans, and felt they knew people's needs well through the information in the care plans. We found some information in the care plans were no longer current. For example, although care plans were reviewed and signed monthly one person's nutritional and personal care needs had changed. We spoke with the registered manager who informed us they were in the process of updating all their care plans, and would ensure the information was updated with immediate effect.

Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was explained, within the care plan. Staff understood each person's needs and they were able to explain to us the assistance each person needed. We asked people if they had been involved and consulted in regards their care plans. The majority did not recall being involved but family members were confident that they had been consulted in regards loved one's care reviews.

There was a great emphasis on activities at the service and people were observed throughout the inspection of being engaged in meaningful activities, such as gardening club, wildlife club and exercise classes. On the second day of the inspection as the weather was poor the gardening club meeting was held in the conservatory. People were seen to have fun enjoying the social gathering and potting seasonal vegetables and plants. People told us they were supported to continue with lifelong hobbies. One person told us, "Gardening has always been a love of mine. We get lots of opportunities do gardening."

People were supported to improve their abilities, strength and retain their independence, on a weekly basis by an external professional trainer. The trainer told us they came along every week and supported group activities supporting people to remain fit and active. They said, "We work with eight to 12 people in groups or will offer individual support each week. The exercises are great for keeping people as mobile as we can." People told us they were supported with their mobility and exercises, one person told us, "Every day I get support to walk up and down, it helps with my walking and anxieties." The trainer was available three times a week. The registered manager informed us, there were also passive exercises carried out daily for people who could not exercise well themselves to prevent contractures.

Riverside Nursing Home had an activities team made up of two activity co-ordinators. They are supported by two members of staff who come in once a week to take people out if they wish. A volunteer also visited approximately four times a week to support activities such as book club, memory café singing and assisting people to the village hall on a Friday to a community club. An activity programme and newsletter was available for all including people who chose not to participate in activities. The risk of social isolation was reduced as activity staff spent one to one time with individuals in their rooms.

A tuck shop was in use for people to come and purchase sweets, crisps or toiletries as they needed. People

told us they liked the tuck shop and liked to work behind the counter serving others. The registered manager confirmed the tuck shop was normally ran by one of the people living in the service. A room was available for people to watch films and to use a computer. Inspectors were told that some people use the computer to video chat their family members. People told us they enjoyed working in the tuck shop as it made them feel, "Useful "and "It helps the staff out".

The provider was meeting the requirements of the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We discussed with the registered manager how they made information accessible to people. They were able to discuss different methods used to support people with their communication needs, such as larger print care plans, information or staff would be happy to read document aloud to people to ensure information was accessible.

People had the opportunity to develop end of life care wishes. The service used a model that enabled good practice to be available to all people nearing the end of their lives. The service had been award gold status for their good practice. The provider told us in their PIR. 'Riverside has gold standards in end of life care. When a resident is admitted, as part of the admission process we ask sensitively about a residents last wishes. What makes them happy. What makes them unhappy. Some residents do not wish to discuss this and we respect that. They told us they followed wishes. The registered manager told us, we have an annual memorial service for relatives of anyone who has died over the year. A person from the church comes to do the service. The relatives light a candle for each person who died. We also send cards and flowers to the relatives after someone has died. It is not just the resident we are caring for but their family as well. The relatives of one person who was receiving palliative care told us, "The level of care is good. The staff are responsive and come when [loved one] calls."

There was a clear complaints procedure and this was included in the statement of purpose and service user guide. We observed that complaints had been acknowledged, investigated and responded to. There were signs around the home directing people and their visitors how to raise a complaint. People and relatives told us that they would be confident to raise any concerns or complaints if they needed to do so, and felt their concerns would be addressed. One person told us, "If I complain to matron they sort it out."

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Is the service well-led?

Our findings

People and staff told us they felt the staff team had been well led by the registered manager. The registered manager also known as matron had been in post for 14 years. They were supported by clinical leads, nurses, team leaders, seniors and care assistants.

The registered manager completed a number of audits relating to the monitoring of the service which included falls. They said, "We monitor falls really closely using half-hourly observations, light beams, alarm mats, and crash mats. If a person is at risk of falls, we often provide an ultra-low profiling bed. We carry out an accident audit and analysis to identify trends. These are comprehensive and examine all factors that might cause people to fall."

The registered manager said, "I believe the trick is to get everyone involved and engaged in the management of the service. For example, we have monthly heads of department meetings, in which the health and safety champion and infection control champion are included. We start with health and safety and discuss all other issues that need to be addressed. This means that the management of the various teams is integrated and work together. This helps us to keep things running smoothly either when things become difficult or when I am not present. An action plan is created out of this meeting. At the next meeting, actions are followed up and any outstanding actions addressed.

Areas identified for improvement were responded to in a timely manner by the management of Riverside Nursing Home. Some issues identified required longer-term actions, however some were quickly addressed. For example, Do not disturb signs were purchased for people's doors to ensure privacy whilst having their personal care.

Staff held specific responsibilities in regards health and safety, infection control and dignity. They told us, "I cannot guarantee that our staff will never commit errors. However, we as a management team, and I as the registered manager, do try to anticipate issues and also ensure that staff are aware of, and carry out good practice". The registered manager was confident that "their extensive audits and monitoring of the service" would ensure any issues or concerns would be highlighted and addressed with immediate effect.

People their relatives, staff and professionals felt the service was well led. They all told us the management team were approachable, and they could talk to them at any time. One person said, "We always see the matron around, she is very approachable." A relative told us, "The home is well run, they think of the resident first, they think outside the box". "The matron is a good role model, they do so much." "I definitely like it here, matron is one of the best, I feel safe and well looked after."

The registered manager told us they received regular support from the provider, they told us, "I normally see them once a month, but would call if I needed any additional support. We have a good working relationship." The provider sought input from external agencies and organisations to ensure improvements in service delivery. Residents meeting were held to enable people to have information shared and to share ideas.

Feedback from staff about the management team was positive. We were told that management were approachable, listened and took action where this was needed. The registered manager and management team were visible and helpful during our inspection. There was a shared focus on ensuring that people were treated with equality and dignity. The registered manager told us they were proud of their team, they told us, "There are staff incentives in place to recognise the valuable contribution staff make to the home. This includes rewarding staff that share good ideas that will benefit the residents". "Staff have regular supervision and annual appraisal. We keep staff informed when we have meetings. If there is an issue of poor communication or poor practice we manage this with supervision". Staff confirmed they had regular staff meeting and were able to contribute ideas.

The service worked in partnership with a range of external agencies to provide joined up care to people. They were in regular contact with the local authority safeguarding team from whom they sought advice and guidance if there were any potential safeguarding concerns. A professional told us that the home had worked well with them and had taken on board their suggestions and recommendations following a recent visit to the service.

The service played an important role within their local community. The service ran a local community group to support people who were living with the effects of a stroke. The registered manager told us, "Local people come along you don't have to have had a stroke, just enjoy a social gathering. We have great links with our local hospital and GP surgeries, who get involved. Our residents love going to the club each week. Other initiatives included working with local schools to offer work experiences, and younger children coming to the service at festival times, to sing and socialise with people and their families.

There were development plans in place to drive changes and improvements at the service. The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents.