Barons Park Nursing Home Limited

Barons Park Care

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

We inspected Barons Park Care on 13 February 2018. The visit was unannounced. This meant the staff and the provider did not know we would be visiting.

Barons Park Care provides nursing and accommodation for up to 46 younger and older people with complex, challenging and advanced forms of dementia and significant mental health care needs. Long term nursing care is also provided. On the day of our inspection there were 44 people living at the service. At the last inspection in January 2017, the service was rated 'Requires Improvement'. At this inspection we found the service was 'Good'.

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

People told us they felt safe living at Barons Park Care. Relatives we spoke with agreed they were safe living there. People were kept safe from avoidable harm because the staff team understood their responsibilities. They had received training in the safeguarding of adults and knew what to look out for if they suspected someone was at risk of harm.

People's needs had been identified and the risks associated with their care and support had been assessed and reviewed. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service.

Appropriate pre-employment checks had been carried out on new members of staff to make sure they were safe and suitable to work at the service. Staff members had been suitably inducted into the service and relevant training had been provided to enable them to appropriately support the people living there. Suitable numbers of staff were deployed to meet people's needs.

The staff team felt supported by the registered manager. They were provided with the opportunity to share their views of the service through, day to day discussion, supervision and appraisals. Team meetings were also held on a monthly basis.

People were supported with their medicines in a safe way. Systems were in place to regularly audit the medicines held and the appropriate records were being kept.

People were provided with a clean and comfortable place to live and there were appropriate spaces to enable people to either spend time with others, or on their own. The staff team had received training in the prevention and control of infection and the necessary protective personal equipment was available.

Plans of care had been developed for each person using the service and the staff team knew the needs of the people they were supporting well.

People told us the staff team were kind and they were treated in a caring and respectful manner. Observations made during our visit confirmed this. We observed the staff team treating people in a friendly, caring and considerate manner. They knocked on people's bedroom doors before entering and if someone declined their offer of help, this was respected.

The staff team supported people to make decisions about their day to day care and support. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected. They supported people in making day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, evidence was seen to demonstrate that decisions had been made for them in their best interest and in consultation with others.

People had access to relevant healthcare services and they received on-going healthcare support. Nutritional assessments had been carried out and people were supported to maintain a healthy, balanced diet. For people who had been assessed to be at risk of not getting the food and drink they needed to keep them well, appropriate records were kept so this could be monitored.

People were supported in a way they preferred because plans of care had been developed with them and with people who knew them well. The staff team knew the needs of the people they were supporting because appropriate plans of care were in place which included people's personal preferences.

A formal complaints process was displayed and people knew who to talk to if they had a concern of any kind. Complaints received by the registered manager had been appropriately managed and resolved.

People were appropriately supported at the end of their life. Staff had received training to enable them to provide the appropriate care and support and accommodation was available enabling relatives to stay with their family member during their last days.

Staff meetings and meetings for the people using the service and their relatives had been held. These meetings gave people the opportunity to discuss the service being provided and be involved in how the service was run.

The staff team felt supported by the registered manager and the management team. They felt able to speak with them if they had an issue or concern of any kind and they felt listened too.

Systems were in place to monitor the quality of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The staff team knew their responsibilities for keeping people safe from avoidable harm and risks associated with people's care were assessed and managed.

An appropriate recruitment process was followed to make sure only suitable people worked at the service.

People received their medicines when they needed them and in a safe way.

Is the service effective?

Good

The service was effective.

People's needs had been assessed before they moved into the service and the staff team had the skills, knowledge and support they needed to be able to meet those needs.

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

The principles of the Mental Capacity Act 2005 were understood by the staff team working at the service.

Is the service caring?

Good

The service was caring.

People's care and support needs were met in a caring way.

People were treated with dignity and respect and were involved in making decisions about their care and support.

Advocacy services offering support and advice were made available for those who required it.

Is the service responsive?

Good

The service was responsive.

People had been involved in the planning of their care with the support of their relatives and their plans of care included personal preferences.

People knew the process to follow and who to speak with if they had a concern of any kind.

The staff team had received training on end of life care and people were supported appropriately when coming to the end of their life.

Is the service well-led?

Good

The service was well led.

People told us the management team were open and approachable and the staff team felt supported by the registered manager.

Effective monitoring systems were in place to check the quality of the service and people were given the opportunity to have a say on how the service was run.

The registered manager worked in partnership with other organisations including the local authority and safeguarding team.

Barons Park Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 February 2018. Our visit was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people with dementia.

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

At the time of our inspection there were 44 people living at the service. We were able to speak with four people living there and seven relatives of other people living there. We also spoke with the registered manager, the regional manager, the operations manager, the chef, the housekeeper, two registered nurses, four support workers and one senior support worker.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

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

Good

Is the service safe?

Our findings

People felt safe living at Barons Park Care and felt safe with the staff team who supported them. One person told us, "I am bed bound; I can't go out on my own in that respect. I am safe here. It is a safe place and there are enough staff to provide support." A relative told us, "The standard of care is very re-assuring for us, there is nothing to worry about."

The registered manager and nurses we spoke with were aware of their responsibilities for keeping people safe and knew to alert the safeguarding authority and the Care Quality Commission (CQC) of any alleged or actual abuse brought to their attention. A nurse told us, "I have attended training on safeguarding and I am familiar and clear on how to escalate any concerns."

Staff members were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They had received training in the safeguarding of adults and knew the process to follow if they were concerned for anyone. This included reporting their concerns to either a member of the management team or the registered nurse. One staff member told us, "I have had safeguarding procedure training. I know who to report concerns to and what to look out for. I would report to the nurse or senior, the manager, head office and if no one listened, then I would go to CQC." Another explained, "I would report anything I was unhappy with to the manager. I feel confident she would deal with it."

The risks associated with people's care and support had been assessed. Risk assessments had been carried out and they had been reviewed on a monthly basis. Risks assessed included those associated with people's mobility and their nutrition and hydration. Regular reviews made sure any changes in the risks presented to either the person using the service or the staff team, were identified and acted on.

Regular safety checks had been carried out on the environment and the equipment used for people's care and support. One staff member told us, "Things get repaired if we see something broken or damaged. Equipment is taken out of action until it is repaired. We don't need to wait long for repairs, particularly if we use it a lot." Checks were being carried out on the hot water at the service to ensure it was delivered at a safe temperature. Fire safety checks and fire drills had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place in people's plans of care. These showed how each individual must be assisted in the event of an emergency.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. This provided the management team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

The provider's recruitment process had been followed. References and been obtained, proof of identity had been verified and a check with the Disclosure and Barring Scheme (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the Nursing and Midwifery Council (NMC). Nurses can only practice as nurses if they are registered with the NMC.

Staff rotas were planned in advance and demonstrated there were enough nursing and care staff allocated on each shift to provide the care and support people needed. People felt there were enough staff members available to meet their needs. One person told us, "It would be nice to have some more staff during the weekends, 99.9% of the time there are enough staff apart from when there is sickness." A nurse explained, "Occasionally there are shortfalls when staff phone in sick at the last minute, when this happens the managers help out."

The registered manager assessed people's dependency levels and this information was used to ensure sufficient staff were deployed to meet people's assessed needs. Members of staff were available when people needed them and they did not have to wait to receive the support they needed. A relative told us, I never see people waiting for long when they call the bell."

People received their medicines in a safe way. We looked at a sample of Medicine Administration Records (MAR) and checked medicines in stock with the records we saw. The amounts matched. Stock medicines were in date and liquids were dated when opened. This is good practice as liquid medicines often have a short shelf life. People's MAR charts had a current photograph included along with allergy information and details of how they liked to take their medicines.

A number of people were prescribed PRN [as required] pain relief. We saw the MAR charts indicated how their pain was assessed were the person had identified cognitive difficulties, and described specific behaviours for staff to be aware of in order that they received their pain relief when they needed it.

We observed the administration of medicines for two people. The nurse identified themselves on approaching the person, they enquired as to how the person was feeling. They were appropriately supported to sit up before taking their medicines and what they were being given was explained to them. When satisfied the medicines had been taken, all items used to support the administration was cleared away before preparing medicines for the next person. The process was unhurried and we saw people were always asked for their consent to having their medicines.

The fridge in the clinic room was clean and contained appropriate in date items. The fridge and room temperature in the clinic was recorded daily and was within required limits.

We did note a number of people were being given their medicines covertly (disguised). There was documentation in place to support this decision in their care records and attached to their MAR charts. The GP had agreed and signed the documentation however; the advice of a pharmacist had not been sought as to the suitability to disguise medications in the manner proposed. The registered manager explained that the pharmacist had been contacted regarding this, but had yet to receive a response. The registered manager followed this up and received the required information following our visit.

Where people received their medicines via a trans-dermal patch there was no rotation chart in place showing the administration site. Rotating the site is important to avoid sensitivity/irritations developing. There was also no record of daily checks that the patch was still in situ. Daily checks are important as patches are prone to falling off or accidentally being removed by the person. The registered manager acknowledged this and told us these charts would be introduced.

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

The staff team had received training on infection control and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit. The service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

The staff team understood their responsibilities for raising concerns and accidents and incidents with the management team. A staff member told us, "If someone fell I would call a nurse and would make sure they were comfortable until nurse came. We record in an accident book." Another explained, "When someone falls we do learn from it. It might be they had a UTI (urinary tract infection) or something else. We do look at the causes. We try to stop it happening again."

Systems were in place to audit all accidents and incidents. The registered manager explained they audited these records each month to look for patterns, for example if the same person was falling. We saw the necessary action had been taken including making a referral to the GP for support to minimise future risk.

Evidence was seen of lessons being learned when things went wrong. At our last inspection in January 2017, people were not always provided with an enjoyable meal time experience. Since then, the registered manager had worked hard to ensure the staff team interacted with and involved the people using the service at meals times. This was evident during our visit.

Good

Is the service effective?

Our findings

At our last visit in January 2017 we found people's dining experience varied. The staff members assisting people at meal times were seen to be very task focused and there was limited communication between them and the people they were supporting. We also noted records kept for people at risk of dehydration did not always correspond with their daily records.

At this visit we observed people being provided with a much more positive experience during meal times. For people who needed assistance, staff members sat beside them, they talked with them and encouraged them to eat their meals. We saw a staff member supporting one of the people using the service. They described their meal, enquired as to the temperature of the food and whether they liked what they were being given. They gently stroked the person's hand to keep their attention and coaxed them gently to eat. Another person was reluctant to sit to take their meal; the member of staff patiently waited until they found a space that suited them. Once seated the staff member took their meal to them, which they appeared to enjoy.

We looked at the records kept for people who had been assessed at risk of not getting the food and drink they needed to keep them well. Those we looked at were up to date. The staff team were following NICE guidelines for hydration. These guidelines recommended people received a fluid intake of 1500mls. Records showed the amounts of food and drink people had taken. These corresponded with the daily records held and with the guidelines being followed.

People's individual and diverse needs were assessed prior to them moving into the service. The registered manager explained that an assessment of need was always completed to make sure the person's needs could be met by the staff team. One relative told us, "When [family member] moved here we did all the paper work with the manager." Another stated, "[family member] was assessed prior to moving to the home."

The staff team knew the needs of the people they were supporting. A relative told us, "Staff understand his needs, he is diabetic and insulin controlled. It is better controlled here than in hospital." Another explained, "I have confidence in the staff, they have a good understanding of my relatives health, social needs and preferences."

The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in the safeguarding of adults, dementia awareness, health and safety and equality and diversity. This meant the staff team could support the people using the service safely and effectively. One support worker explained. "I have had equality and diversity training. We ask questions to get to know people, their likes and dislikes. We encourage people to do what is important to them. For example if someone doesn't want a male carer they don't have one. It is added to their care plan to ensure they don't get a male carer." Nurses working at the service had been supported by the registered manager to meet their requirements for revalidation and maintain their professional registration.

The staff team received support through regular supervisions, and an annual appraisal of their performance was carried out. One staff member told us, "The manager or deputy will do observations and we get feedback on how well we are doing something or if we could do it better. We have short supervisions on something and we are asked questions about the topic." The staff team told us the registered manager was approachable and they could speak with her at any time. The registered manager was readily available throughout our visit to support staff, offering advice and guidance. One staff member told us, "I feel 100% supported."

People had access to healthcare services and received on-going healthcare support. The staff team were observant to changes in people's health and when concerns had been raised, for example when a person had difficulty swallowing, support from the relevant healthcare professionals had been sought in a timely manner. A relative told us, "If [family member] needs to see a GP, they make sure he does and they keep me informed."

Staff worked together within the service and with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their needs could continue to be met.

People's needs were met by the adaptation, design and decoration of the premises. People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. Improvements to the environment had been made since our last visit. A wild life corner had been created in one of the lounges and we observed visitors and their family members enjoying watching the birds on the bird feeder outside the window. A garden and shed had also been created in one of the kitchenettes. We were told this was particularly enjoyed by one person when they were feeling anxious and agitated.

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

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

Where people were not able to make their own decisions, mental capacity assessments had been completed. We did note that whilst these assessments were decision specific, they were basic in detail. The registered manager told us this was an area they were developing and were being supported by the local Clinical Commissioning Group to complete assessments in line with the MCA.

The staff team had received training on the MCA and DoLS and those we spoke with during our visit understood the principles of this legislation. A staff member explained, "Never think they [people using the service] don't have capacity, we respect decisions made, there is no such thing as a bad decision and any decisions made are in their best interest and least restrictive."

People were encouraged and supported to make decisions about their day to day routines and personal

preferences. During our visit we saw members of the staff team supporting people to make choices with regard to how they spent their day, whether to be involved in an activity and what to eat and drink. A relative told us, "[Family member] decisions are respected by staff and they don't feel obliged to receive support if they don't want it."

Good

Is the service caring?

Our findings

People using the service and their relatives experienced positive caring relationships with the staff team. They told us staff members were caring and supportive towards them. One person told us, "The staff are very helpful and caring." A relative explained, "The staff are caring, they are very good."

The staff team had the information they needed to provide individualised care and support. They were knowledgeable with regards to the people they were supporting. They knew people's preferred routines and the people who were important to them. They knew their likes and dislikes and personal preferences. This included the names people preferred to be called. A relative told us, "Over a year, I have noticed the staff get to know [family member] likes, dislikes and preferences as well."

We observed support being provided throughout our visit. We saw the staff team reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. Staff had a good understanding of people's needs and they were seen supporting people in a kindly and relaxed manner. We observed care interactions that were kind, patient and sensitive. People told us the staff team were polite, respectful and protected their privacy. One relative explained, "The staff always knock on [family member] door and ask if they can come in, even if the door is left open. If the door is closed they wait until I respond."

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member told us, "Privacy and dignity is important. We always put towels over them [people using the service] to ensure they are covered when we do personal care. We close the door and curtains." Another explained, "When I assist with personal care, I make sure the door is locked and make sure they are covered up."

People were able to choose the gender of their carer if they had a preference. One staff member explained, "Residents can choose a female carer if they don't want a male carer." We saw this to be the case in the records we looked at. People were treated with dignity and respect no matter their age, sex, race, disability or religious belief.

People were supported to follow their beliefs and these were respected. A staff member explained, "We have people who come in and lead prayers for those who are interested." Care plans considered people's culture and beliefs and ways to support them to meet these. On the day of our visit, a Christian service was held and people who wished to join in were supported to do so.

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

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the

provider's policy. One staff member told us, "We maintain people's confidentiality. We don't talk about residents around other people. We don't leave files out."

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "I am made to feel welcome when I visit and I can visit any time. Staff always offer me a drink." Another explained, "They [staff team] make you welcome, coming through the door you get a good family feeling straight away."

Good

Is the service responsive?

Our findings

At our last visit in January 2017 we found not everyone's plan of care was up to date or being followed. At this visit we found that improvements had been made to the documentation held and the staff team were following people's wishes included in their plans of care.

People who were able had been involved in the planning of their care with the support of their relatives. A relative told us. We were involved in discussing what help [family member] needed." A staff member explained, "If someone is new to the home, the nurses give us the information about them before they come in. They pass on their care needs and likes and dislikes and any behaviour we might need to know about. We are given enough information to be able to start caring for them."

Plans of care had been developed when people had first moved into the service. Those seen were comprehensive and included personalised information in them. The care plans checked were up to date. They covered areas such as, nutrition, mobility, and personal care. They had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, who was seen to have swollen legs, contacting the GP when these concerns had been raised. One of the nurse's we spoke with explained, "Some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right." This showed us people's health and welfare was taken seriously.

A care plan summary was also in place at the front of the plans of care. This gave the reader an 'at a glance' overview of the person's needs and included what name people preferred to be called and the activities they were interested in.

The staff members we spoke with spoke about the people using the service in a very person centred way demonstrating they knew people's individual routines, likes and dislikes and preferences, A staff member explained, "We provide care as far as possible as they want it. We get to know people by talking with them and their relatives. We ask them questions about things that were important to them, things they like and stories that help us understand them."

At our last visit in January 2017 we noted there were few meaningful activities being offered. An activities leader was employed for four hours a week and visited on a Tuesday and Thursday afternoon. At this visit we found that the activities leader was still employed for four hours a week. The registered manager explained that in addition to the activities leader, staff members on duty were now supporting people with activities. Whilst this was an improvement, it was evident that this was not ideal because the staff members were still required to assist people with their care and support if needed, taking them away from the activities. A staff member explained, "We try to encourage people. We have jigsaws, painting and reading. In the summer we go out for a walk. We go on trips; we try lots of ways to interact with people. Manicures and paint their nails. Though we don't always have the time." Another told us, "We do our own activities, play ball with people, encourage where we can, but it is about having time, we don't always as we need to provide care as well."

We discussed this with the registered manager. They explained that the regional manager had recently submitted a proposal to the provider's board requesting approval for the employment of a dedicated activities leader for five hours a day, five days a week. They were waiting for the outcome of the proposal. This would greatly improve the opportunities for people to be involved in activities that were socially and culturally relevant and appropriate to them.

The registered manager had access to the provider's mini bus and records showed that outings had taken place. Outings enjoyed included a trip to a local vintage tea shop, a garden centre and a local library. The deputy manager had developed a garden club and in the summer had involved family members to create hanging baskets to display around the service.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. 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. For example, documentation including menus, newsletters and information about the service was available in large print, braille and languages other than English. Pictorial aids were also used to show people the main meals of the day. A relative told us, "[Family member] has poor eye sight and they make sure he has large print available."

A formal complaints process was in place and this was displayed for people's information. People we spoke with knew who to talk to if they were unhappy about anything. A relative told us, "If there is a problem I talk to the staff and it is sorted. I feel they would listen to a complaint and would deal with it promptly. I find the staff very supportive." When a complaint had been received, this had been handled and investigated appropriately.

People's preferences and choices at end of life where explored. The service provided end of life suites where relatives could stay with their family member. These included a sofa bed where relatives could sleep and cooking facilities were provided.

The staff team had received training on end of life care and a policy was in place. For people not wanting to be resuscitated, do not attempt resuscitation forms were in place within their records informing the staff team of their wishes. One staff member explained, "We have had some training. We ensure the person's dignity is maintained and made to feel comfortable, we have special beds for them to be cared for in. We are also there to support the relatives. We provide a bed for relatives so they can stay. We keep people's care plans reviewed as well, so we know they are getting the care they need. The nurses and seniors review care plans when they need to." Another explained, "I have had training, I learnt about mouth care and about talking to them [person using the service] all the time when care is taking place. We offer reassurance and support to them as well as the family."

Good

Is the service well-led?

Our findings

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

At our last visit in January 2017 we found the systems in place to monitor the service were not always effective. At this visit we found improvements had been made.

The registered manager had robust systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed were issues had been identified, action had been taken. For example the weights audit identified that some people had lost weight. We saw they had been referred to the dietician and for one person; an additional fortified snack had been introduced mid-afternoon. The falls audit showed that two people had had frequent falls. We saw that they had been referred to the falls clinic and additional equipment had been ordered.

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

People we spoke with told us they felt the service was well managed and the registered manager and the staff team were friendly and approachable. A relative told us, "It seems to be well run, I know who the manager is; I see her walking about and checking on things." Another explained, "It is a welcoming environment, you get to know the people here, my feeling is it's like being a part of the family." A third stated, "Staff are brilliant, very polite and they keep us well informed.

Staff members felt supported and valued by the management team. They told us there was always someone available they could talk to if needed. One told us, "The manager is always available to us, as is the deputy and the nurses." Another explained, "I do feel supported. I could turn to anyone of them [management team and nurses] If I needed to say anything."

The registered manager felt supported by the provider's senior management team. They told us, "They [member of the senior management team] visit every month and are always at the end of the phone to give me support."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, daily handovers and day to day conversations with the management team. One staff member told us, "We have staff meetings once a month where we can bring any issues up. I feel listened to if I have a problem." Another explained, "There are regular staff meetings and the manager does a daily walk around and meets with key staff to discuss any issues."

People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through regular meetings and informal chats. At the last relatives meeting held in January 2018, people were reminded of the provider's complaints process and reminded that they could contact the local safeguarding authority or CQC at any time. The deputy manager had recently introduced one to one meetings with the people using the service. This provided them with the opportunity to discuss any issues they may have and reassure the management team that people were happy with the service being provided.

An annual quality assurance survey had been carried out to gather people's views of the service provided. The information in the surveys returned had been analysed and a summary report had been produced. A copy of this had been made available for people's information. As a result of the last survey in 2017, a comments box had been introduced into the main reception. This provided further opportunities for people to make contact with the registered manager.

The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. They were aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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