

Barker Care Limited

Eden Mansions Nursing Home

Inspection report

Station Road
Styal
Wilmslow
Cheshire
SK9 4HD

Tel: 01625524276

Website: www.cedarcarehomes.com

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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

This inspection took place on 6 & 7 July 2016 and was an unannounced inspection.

Eden Mansions Nursing Home is a purpose built home registered to provide residential and nursing care for up to 101 people. There are four separate units within the home for nursing, residential and people living with dementia. There is a passenger lift for ease of access and the home is fully wheelchair accessible. There are communal lounges, dining rooms, a reception area, hairdressing salon. There are garden areas around the home with seating. Limited parking is available at the front of the building. At the time of the inspection 96 people lived at the home.

At the last inspection in November 2013. The service was meeting the requirements of the regulations that were inspected at that time.

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.

People told us they felt safe living at Eden Mansions nursing home. The management team had procedures in place and there was an open and transparent culture in the home. Staff had all received safeguarding training and knew what to do if they saw or suspected abuse. We saw almost all care was good, with staff showing kindness, patience and sensitivity to people who lived in the home. However a relative raised concerns about the standard of care while we were completing the inspection. We did not see the issues raised by the relative on the inspection but we raised their concerns with the local authority as a safeguarding alert." The safeguarding team investigate safeguarding issues and decide what action, if any to take in response to this.

Major building work to increase facilities at the home was on-going. Risk assessments were in place including those around the added risks caused by the building work. These reduced the risk of minimised inconvenience to people who lived at Eden Mansions whilst it was on-going.

Staff managed medicines competently. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

The home was clean and hygienic when we visited. There were no unpleasant odours. People we spoke with said they were pleased with the standard of hygiene in place and it was always clean and fresh smelling.

We looked at how the home was being staffed. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels.

People we spoke with told us staff were caring and helpful. They said their health needs were met and any changes in health were managed in a timely manner. Staff responded to any requests for assistance promptly. One person said, "It is not often that I have to wait when I ring for staff."

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home. By doing this the management team reduced the risk of employing unsuitable people. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted where needed. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People said the food was varied and tasty and they had no problems getting snacks or drinks outside of meal times. People were offered a choice of healthy and nutritious meals. Staff made sure people's dietary and fluid intake was sufficient for good nutrition.

We saw staff were familiar with people's care needs and understood people's history, likes, dislikes, needs and wishes. They encouraged people to remain as independent as possible and to make decisions and choices. People felt they could trust staff and they were respectful and caring

Staff recognised the importance of social contact, companionship and activities. People's friends and relatives were encouraged to be involved in the home and activities and made welcome when they visited. There were a team of activities staff working with groups and on a one to one basis with people. People told us they enjoyed the activities.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff listened to them if they had concerns and took action to improve things. Relatives told us there was a transparent and open culture that encouraged people to express any ideas or concerns.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

People and their relatives felt their needs and wishes were listened to and acted on. They said staff were easy to talk to and encouraged people to raise questions at any time.

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.

There were suitable procedures in place to protect people from the risk of abuse.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good ●

The service was effective.

Procedures were in place to assess peoples' mental capacity where there were concerns about their ability to make decisions for themselves. Also to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were comfortable and looked after.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed

staff interacting with people in a respectful and patient way.

Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a variety of activities arranged to interest people and encourage interaction.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

People who lived in the home and their relatives were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and easy to talk with.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Eden Mansions 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 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 6 & 7 July 2016 and was unannounced. The inspection team consisted of an adult social care inspector and two inspection managers.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received. There was no concerning information.

We spent time on each of the four units. We spoke with a range of people about the service. They included the registered manager, and management team, 21 members of staff on duty, 17 people who lived at the home and 11 relatives. We also observed care throughout the home.

We looked at care and medicine records of eleven people. We also checked the previous four weeks of staff rotas, recruitment, staff training records and records about the management of the home.

We also spoke with health care professionals, the commissioning department at the local Clinical commissioning group (CCG). They were satisfied with care in the home.

Is the service safe?

Our findings

People told us they felt safe at Eden Mansions and were satisfied with the care. One person told us, "The staff are excellent they really look after us." Relatives felt confident their family members were being looked after. One relative said, "The staff are very attentive [Family member] is safe. Nothing is too much trouble"

There were procedures in place to protect people from abuse and unsafe care. Staff had all received safeguarding training. We asked staff how they would deal with unsafe care or a suspicion of abuse. They told us they would report this straight away and also make sure the person was safe. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

There had been no safeguarding alerts raised about the service in the previous twelve months. However an issue was raised with CQC late in the inspection. We did not see the issues raised by the relative on the inspection but we raised their concerns with the local authority as a safeguarding alert." The safeguarding team investigate safeguarding issues and decide what action, if any to take in response to this.

We saw almost all care was good, with staff showing kindness, patience and sensitivity to people who lived in the home. All except one person we observed during the inspection were supported sensitively and patiently by staff. However we saw one member of staff lifted a person's head incorrectly and firmly when they assisted them with a meal. The registered manager dealt with this immediately on becoming aware of it. They ensured the person was comfortable. The member of staff was alerted to their error and additional training and monitoring was put in place.

Risk assessments were in place to provide guidance to staff and reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support. Staff spoken with told us the risk assessments were clear and informative.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. Where people displayed behaviour which challenged the service, we saw risk assessments, guidance and management strategies to assist staff. Informative positive management plans were also in place and all were regularly reviewed.

Staff spoken with were familiar with this information and aware of how to support people. For example in one unit we observed one person living with dementia shouting, "I want to go home". Staff sensitively supported the person distracting them and reducing their distress. We saw they did not respond well to the member of staff supporting them at that time, so another member of staff quietly took over supporting the person. Minutes later the person was calm and laughing with staff.

We also observed staff manage a situation where they were supporting one person when another person tried to get involved. The first person became irritable at the intrusion. Another member of staff gently guided the other person away and asked them to help them make them a drink. This calmed the situation.

Other professionals told us staff supported people who had behaviour that challenged in a caring, calm and effective way.

We looked around the home to check the safety of the environment. Records confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. Legionella checks had been carried out and equipment had been serviced and maintained as required. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure was in place, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe. People had personal evacuation plans in place.

We saw there was a major building programme ongoing in the home. This was providing new communal space and bedrooms. Communal areas were furnished for the comfort of people and their relatives. There was a safe, secure garden area available for people to use. People with high care needs were supported to access the secure garden area by a member of staff. People told us the home was always clean, tidy and fresh smelling. This was the case on our inspection.

Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. We pressed a call bell when with one person in their bedroom. It was answered quickly. People told us they never had to wait long for assistance. One person said, "I am fairly independent myself. But can see staff attend to people quickly."

Staff told us they were encouraged to report any errors or omissions and were supported to learn and reflect on these. We saw staff looked at the causes and possible reasons for errors. They also discussed and reflected together on any accidents or incidents, near misses, complaints, or concerns. They said they evaluated how well any situations had been managed, the lessons learnt from errors and how to reduce the risk of similar occurrences. Records seen confirmed this and indicated where additional training had been provided to improve staff competence.

People told us they felt staff supported them with medicines well. They were given medicines as prescribed and at the correct time. We saw medicines were managed safely. They were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with people about the management of their medicines. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected.

We observed medicines being given on all units. Medicines were given safely and recorded after each person received their medicines. When required medicines were given as people needed these. Where people were unable to inform staff if they were in pain, they relied on the use of pain assessment tools and staff vigilance. The tools assisted staff to accurately record observations and identified distress cues in people with severely limited communication. This reduced the risk of people being uncomfortable or in pain.

There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Competency checks had been completed on each member of staff who administered medicines.

We looked at how the home was being staffed. We did this to make sure there were enough staff on each unit to support people throughout the day and night. We talked with people who lived at Eden Mansions,

relatives and staff. We checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with personal care and social and leisure activities. People we spoke with were satisfied with staffing levels. A relative said, "There are always enough staff. It is fantastic here [family member] has been here a few years and wouldn't be if it wasn't so good."

Staff we spoke with told us there were enough staff to look after people. One member of staff said, "We have enough staff and we make sure we cover shifts." Agency staff were rarely used as the home had its own bank of staff. This was of benefit to people who lived at Eden Mansions and to the permanent staff team as the staff were more familiar with people's needs.

We looked at the recruitment and selection procedures for the home. We looked at six staff files. The application forms were fully completed and any gaps and discrepancies in employment histories usually followed up. However, we suggested additional checks to ensure these were always carried out.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check the criminal records of potential employees to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work.

We spoke with three members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC) and therefore able to practice as a registered nurse. They were also checked throughout their employment to ensure that the nurse was still registered with the NMC.

Is the service effective?

Our findings

People told us they enjoyed the food and had a good choice of meals. One person told us, "The meals are lovely here and we have choices." Another person said, "The food is great and they ask if you want more, I have put on weight since being here I can tell you."

We saw staff used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of obesity or malnutrition. People's weights were monitored on a regular basis. Staff recorded people's food and fluid intake where there were concerns over their nutritional intake.

We spoke with the cook. They maintained records for those people who had allergies or special dietary requirements, identifying those people who required specialised diets and textures of food. They told us they met with care staff to discuss people's needs when they moved into the home and were familiar with people's likes and dislikes. One person told us, "I don't like butter, They don't give it me. I don't need to remind them." We found the kitchen was clean, organised and well stocked with provisions.

We observed a mealtime in each unit. They were social occasions, with people encouraged to eat and chat together. Most people ate in the dining rooms in the units but could eat in their rooms if they wanted. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people were having a balanced and varied diet. Staff supported and interacted with people throughout the meal. We found meals were freshly cooked and presented to a good standard. Drinks were supplied at frequent intervals throughout the inspection. Where needed, thickeners were added to drinks to help people with swallowing difficulties.

Records seen showed specialist dietary, mobility and equipment needs had been discussed with people. They told us they had regular health checks and their healthcare needs were well met by staff. They said staff quickly acted on any illness or health issues they had. We looked at care records which confirmed this appropriate action was taken and care monitored. People told us they were referred to relevant health professionals where needed. Care records seen confirmed this. A local GP practice held a surgery in Eden Mansions three days each week for people who lived at the home. The GP's and the home staff felt this improved care and there was good liaison between them.

Relatives said staff quickly responded to any changing needs and informed them of any concerns. One relative said, "[My family member] had a fall. The staff let us know straight away and they went to the hospital. They are monitoring them as they are a bit unsteady now. They will keep us informed." Another relative told us, "The staff are excellent and proactive when [family member] is ill but would like to be informed a bit sooner."

Eden Mansions was decorated in a way suitable for people living with dementia. There were various colour schemes in different areas of the home, and special signage to help people find their way around. There were also pictures and objects of interest around the home to encourage people to reminisce about the past. There was a sensory room to stimulate and interest people and heighten awareness and interaction in

their surroundings.

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.

The management team had policies in place in relation to the MCA and DoLS. We spoke with the staff to check their understanding of these. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

We looked at records to see that people had consented to their care where they had mental capacity. People we spoke with told us they had the freedom they wanted to make decisions and choices. They told us staff gave them sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do. We also looked at the care and support provided to people who may not have had the mental capacity to make decisions.

We saw evidence that staff had ensured best interest decisions were carried out where people lacked mental capacity to make a particular decision. These involved all interested parties in the process to protect the rights of people who lived at the home. People who could communicate verbally told us they had the freedom they wanted to make choices and decisions. They said staff did not restrict the things they were able, and wanted, to do.

Relevant staff had been trained to understand when an application should be made. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. The management team showed us DoLS applications in place. The registered manager maintained a separate record of DoLS authorisations and dates when they needed to be re applied for. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People told us they were confident staff were well trained and knew what they were doing. Staff told us they were provided with theory and practical induction training when they started working for the organisation and were then supernumerary for a period of time to enable them to develop basic skills and knowledge of the home. We saw induction training was taking place for a group of new staff when we inspected. They told us this was informative and helped them understand their role. A member of staff said, "I had a really good induction. It helped explain how everyone worked and about the people we support."

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Most care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; safeguarding vulnerable adults Mental Capacity Act and Deprivation of Liberty training, pressure relief, wound care, managing behaviour that challenged, infection control and dementia training.

There was a mix of e-learning and group face to face training. Where some staff lacked confidence with

computers, assistance was provided. This showed us staff were supported to keep up to date with their training and had or were developing the skills and experience to care for people.

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported through supervision.

Is the service caring?

Our findings

People we spoke with told us staff were supportive and helpful. They told us they were happy and satisfied living at Eden Mansions. One person said, "They are all alright – the staff, they are all helpful." A relative said of staff, "They are devoted. They have such a lovely way with them and go out of their way to help." Another relative told us, "It's a brilliant place. The staff are lovely. It is fantastic care."

The atmosphere in the home was relaxed and friendly during the inspection. People told us it was a friendly home with good staff who were cheerful and helpful. We observed staff to be caring and attentive in the ways they supported people. We observed staff encouraged people to be involved in daily living skills and social activities. They interacted frequently with the people in their care. We saw staff explaining what they were going to do before attempting any tasks or assisting with eating and drinking. They involved people in decisions about activities and the time the individual received personal care. A member of staff said, "I want people to have the same quality of care as I would expect for myself."

People looked cared for, dressed appropriately and well groomed. Staff knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. We saw one person living with dementia become distressed and agitated. Staff quietly prayed to them and the person who was deeply religious quickly joined in and became calm. The member of staff continued to talk and pray with the person for several minutes. By the time they walked away the person was smiling and calm.

People felt they could trust staff and they were friendly and respectful. We noted how staff altered their approach to suit the person's preferences when interacting with people. We saw staff spoke with people respectfully using the title they preferred. We saw staff used a person's first name when they talked with them where the person wanted this and chatted informally. However they were more formal when addressing a person who had been in authority in their working life and believed they were still at work. One person commented, "Lovely staff always polite and cheerful." Another person said, "The staff respect your privacy and that is important."

We saw one person had spilled their drink down themselves but were unwilling to go to their room to change. They began to get distressed. Rather than cause upset staff took a screen into the lounge. They made sure the person was fully covered by this and supported them to change in privacy. A relative told us, "I visit often and have never heard a cross word or impatient remark from any staff here."

People were treated with kindness and compassion and cared for in a way that promoted their dignity. We saw staff treated everyone with respect and dignity. They talked with people in a respectful, polite manner. They knocked on bedroom and bathroom doors to check if they could enter and closed doors when they provided personal care, so people's privacy was assured.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. A best interests meeting for a person assessed as having

fluctuating capacity had been arranged for the day after the inspection to discuss several important issues. Information was available to people about how to get support from independent advocates so people had a 'voice' where there was no family involved.

Staff were able to support people and their relatives with end of life care. We read an advanced care plan, where a family had been supported to make decisions regarding their loved ones final wishes. The person's wishes were clear and staff were aware of these. Staff worked in partnership with the local hospice for advice and guidance and this helped them provide the right care.

The staff team provided care and to support people needing care at the end of life. There was information on people's preferences in place and appropriate documentation regarding resuscitation. We saw people's wishes were clear and staff were aware of these.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. One person told us, "The care is good here. The staff come quickly if you want help and don't keep you waiting." A relative said of the staff, "They are great. They never stop. They are always looking for what they can do."

We saw people were treated as individuals and assisted to follow the routines they chose. People told us they got up and went to bed when they liked. One person said, "I like to be up bright and early and the staff know this, so help me as soon as I wake." Another person said, "I get up about 8am when I wake up. I may as well get up if I'm awake."

Staff recognised the importance of social contact, companionship and activities. There were several activities staff who worked throughout the home every day. They carried out one to one and group activities. Each unit had an activity basket in the lounge with a variety of games and items for fun and for reminiscence. People were encouraged to look through these with staff support where needed. All except one person were positive about the activities provided. They felt there were not enough activities. Other people were pleased with the activities. One person said, "I enjoy spending time chatting and remembering old times with the staff." Another person said, "I love the entertainers and the singers that come in we have a right good sing song."

We saw activities and care staff engaged with people throughout the inspection. Activities included looking at books together, reminiscence, armchair exercises, singalongs, chatting and playing bingo. There was also sensory equipment available to make sensory areas and people were able to access alternative therapies such as massage. People told us the activities included themed events and an annual pantomime starring members of the staff team.

People told us their relatives were encouraged to visit and stay involved with their family member. A relative said, "I am always made to feel welcome." A birthday party was being held during the inspection with the person's family and people who lived on the unit. This was a cheerful affair with other families joining in the celebration.

We spoke with the registered manager about how they developed care plans when people were admitted to the home. She told us assessments were carried out before people moved into the home and from these care plans and risk assessments were completed. These were commenced soon after admission with the person and their relative, if appropriate. We looked at the care records of eleven people. Each person had a personalised care plan and risk assessments in place that gave information about their care and nursing needs, their preferences, likes and dislikes and preferred routines. We saw these were regularly reviewed.

We looked at the complaints policy and saw people had been given information on how to complain. People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. One

person said, "Never had to complain. I would speak with [the registered manager] she is a person you can talk to." Another person told us, "We have only had to complain about small things and they dealt with them quickly." The registered manager showed us there had been three complaints over the last year. These had or were being dealt with to the complainant's satisfaction.

We spoke with health and social care professionals who told us there were no concerns about the care in the home. They told us people were well cared for and staff were person centred in their approach. They said staff asked for advice if needed and followed this well and that record keeping was good.

Is the service well-led?

Our findings

People told us the registered manager and staff team were friendly, approachable and professional. They said the home was well organised and staff encouraged people to discuss any preferences and ask questions. A relative told us, "The staff are willing to listen to my suggestions around [family member's] care."

People who lived at Eden Mansions and their relatives said the senior team were usually available if they needed to discuss anything. A relative said, "I can talk to [the registered manager] anytime. She always has time for you. This is a fantastic place."

The registered manager sought people's views in a variety of ways. Residents and relatives meetings were held monthly. Senior staff also had frequent informal chats with them about their views of the home.. People and their relatives felt their needs and wishes were listened to and acted on and they were well supported. A regular newsletter was made available to people who lived at Eden Mansions and relatives. There was also a website providing information about the home and to keep people up to date with events. People and their relatives were also encouraged to complete surveys about the care provided and any improvements they would

The home had a clear management structure in place. The registered manager and senior team were committed to providing good care. We saw they had clear vision of where they wanted to be and worked well as a team. Staff we spoke with told us the registered manager and senior team were supportive and approachable and clear about the standards expected. One member of staff told us, "I definitely feel our managers are good leaders. They're very supportive and they listen to us. They're fair and take on board what we say as well." Another member of staff said, "[The registered manager] acts quickly on any feedback. I recently asked for new equipment and I have seen it here this week."

We found staff had a pride in their work and were motivated to support people in the best way they could. One member of staff said, "We work here together and support each other to provide the best care we can. We get great support from senior staff. They always find time to speak with you." Another member of staff said, "This is the best job I have ever had. There are really high standards and good support from managers."

There were frequent staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues. One member of staff said, "I feel I can make suggestions and discuss things with [the registered manager]. She will always consider any ideas." Another member of staff commented, "[The registered manager] is a wonderful 'boss'. She is the backbone of this home and makes it a happy place.

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered manager and senior managers in the organisation. Audits included monitoring the home's environment and equipment, care plan records, medication procedures, accidents, incidents and

complaints and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations such as the local hospice that helped them make sure they were following current practice. They also shared information and good practice between the homes in the organisation.