Oakleigh Residential Home Limited

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Inspection report

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Date of inspection visit:
11 May 2017

Date of publication:
03 July 2017

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 was an unannounced comprehensive inspection that took place on 11 May 2017.

Oakleigh Residential Home Limited provides accommodation and care for up to 23 people who are aged over 65 and why may also have a physical disability or be living with dementia. The home is located on two floors with lift access. The home has a communal lounge, a conservatory, a large garden and a dining room where people could spend time together. At the time of inspection there were 23 people using the service.

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 were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns that they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified, control measures were in place.

There were enough staff to meet people's needs safely. The provider had safe recruitment practices. This assured them that staff had been checked for their suitability before they started their employment.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. The building was maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were offered to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through an induction, support and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People received sufficient to eat and drink. Their health needs were met. This was because staff supported them to access health care professionals promptly. Staff also worked with other professionals to monitor and meet people's needs and support them to remain well.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that assessments of mental capacity had been completed where there were concerns about people's ability to make decisions for

themselves. Staff told us, and we saw, that they sought people's consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect. Staff knew the people they cared for and treated them with kindness and compassion.

People received care and support that was responsive to their needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed. People were encouraged to maintain and develop their independence. People took part in activities. However, some people felt that they would like more activities, or more variety.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and staff felt the service was well managed. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. People were asked for feedback on the quality of the service that they received. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

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 were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and offered to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their day to day lives. Staff asked for consent before they supported each person.

People were supported to eat and drink well. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected. People were supported to be independent.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

There were activities that people participated in. However, some people felt they would like more activities, or more variety.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

There were audit systems in place to measure the quality and care delivered so that improvements could be identified and action taken if required.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

Oakleigh Residential Home Limited

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 11 May 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the deputy manager, the provider, two senior care staff, one care staff and the cook. The registered manager was on leave at the time of our inspection.

We spoke with seven people who used the service and with two relatives of other people who used the service. This was to gather their views. We observed staff communicating and supporting people who used the service throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a

way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that they felt safe while living at Oakleigh Residential Home Limited. One person said, "Being safe to me means knowing there is someone there to help me if I need it." Another person told us, "I don't have to worry about anything here." A relative commented, "When I leave here I know that [person] is in safe hands. It gives me a real peace of mind." People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All of the staff we spoke with told us that they would report any suspected abuse immediately to the registered manager or external professionals if necessary. One staff member said, "I would always report. If needed I can go higher." The actions staff described were in line with the provider's guidance. Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of falling. We saw that there were guidelines in place for staff to follow. These included making sure that a person used a mobility aid to help them walk more safely and staff monitoring the environment to make sure that there were no trip hazards. Where people could display behaviour that may be deemed as challenging, staff had the guidance they required to manage this safely. This included information about what may cause a person to become distressed and ways to reduce this. Staff told us that they were confident in following these plans. This meant that risks associated with people's support were managed to help them to remain safe.

People told us that there were enough staff to meet their needs safely. One person said, "I certainly never have to search for a member of staff." A relative told us, "There always seem to be plenty of staff on duty. There is always someone in the lounge." Staff told us that they felt there were usually enough staff to meet people's needs. Staff explained that recently one person had presented challenging behaviour which had impacted on the availability of staff. They told us that there was now additional staff on duty at specific times to provide extra support. One staff member said, "When it is calm there is enough staff. Now we have extra staff, that helps." Another staff member told us, "Now there are enough staff and we have the support to manage [person]. There were not enough staff when there was a change in [person's] behaviour." The deputy manager told us that they had assessed staffing levels based on the needs of people who used the service. They explained that if a member of staff was unable to work that they would approach the other staff to ask them to cover the shift. The rota showed that suitably trained and experienced staff were deployed based on the staffing numbers that the registered manager had agreed. We found that staff had time to talk with people and support them when they asked for this.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their home should they need to. There were also plans in place should the home become unsafe to use, for example in the

event of a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place. Each person had a personal evacuation plan which was tailored to their needs and the support that they would require in the event of an emergency. However, these did not all have dates on to show that they had been reviewed and some had been in place for a number of years. We discussed this with the deputy manager. They told us that the plans had been reviewed but not dated. They agreed to review all and date them to show that the plans were based on people's current needs and so that staff had the most up to date information available to them.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to apply these. They told us that they used this as a learning tool to minimise the risks of such incidents reoccurring. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents and to reach satisfactory outcomes for people.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks had taken place.

People received their medicines safely. One person told us, "I get my medicine like clockwork here." Another person said, "They do all my medicine. They give it to me in a little pot and stand there and watch me take it." The provider had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy. Staff told us that they were trained in the safe handling of people's medicines and records confirmed this. One staff member said, "I have done training and been watched to make sure I know what I am doing. I feel confident with medicines." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. We looked at the medicine administration records and found that these had been completed correctly.

Good

Is the service effective?

Our findings

People felt that they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff dealt with a situation really well." Staff who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "Training has got better. I have done it all now and things get updated." Another staff member told us, "We have covered enough in training for the people who live here." Training records showed that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in supporting people who were living with dementia to make sure they understood how to support people appropriately where they had this diagnosis. We saw that some training was due to be refreshed for staff to update their knowledge. The provider told us that this was being arranged. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. They also said that they had shadowed more experienced staff before working alone with people. One staff member commented, "I sat with [registered manager] she talked me through everything." Records we saw confirmed that this had taken place. The provider told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have had a few supervisions since being here. I could talk to [registered manager] and [deputy manager]. I find them approachable." Records confirmed that supervision meetings had taken place. This meant that staff received guidance and support on how to provide effective support to people.

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.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed. We saw that care plans included information about each person's ability to make their own decisions. Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. This involved supporting people to make their own decisions and respecting their wishes. Staff told us that they had completed training in the MCA. One staff member said, "We encourage people and offer them choices to help them to make a decision. You can't force anyone to do something." Staff told us, and records confirmed, that they had completed training in the MCA.

We found that a DoLS application had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

People were asked for their consent before staff supported them. We saw that staff asked people if they wanted help before supporting them throughout our visit and explained what they were doing. Staff understood the need to respect people's choices. One staff member commented, "I always offer choice. I ask people, or will offer them items for them to choose from. I offer variety. There is always some way for people to tell you what they want."

People had access to a choice of meals and drinks. They told us that they liked their meals. One person said, "I really like the food." A relative told us, "[Person] eats well and seems to like the food." It is all homemade I think." People had been asked to choose their meal during the morning of our visit. There was a menu displayed in the main hallway with pictures to show what food was on offer. There was an alternative available and the cook told us that people could always ask for something else if they wanted to. Where someone had a dietary need such as a soft diet, this was provided. The cook told us that they had information about people's dietary needs and made sure that their meals were prepared in line with their assessed need.

People told us that a drinks trolley was available twice during the day. One person said, "They bring you a drink in the morning and again in the afternoon. I don't need to drink anymore." We saw that where people chose to stay in their rooms they had jugs of drinks available to them. A relative told us it would be nice if snacks were offered throughout the day. One relative said, "It would be nice if they were offered regular snacks and drinks but I leave [person] with bits I know that they like." We saw during a residents meeting that people were asked for any suggestions about meals that they would like adding to the menu. We found that these were then added to the menu. We saw that people were offered choice over where they sat for meals. Staff offered people support that they required with their meals and did this at a pace that seemed to suit the person so they were not rushed. This meant that people's eating and drinking needs were met.

People were supported to maintain good health and could usually access health care services when needed. A relative told us, "[Person] has full access to the whole spectrum of services. Chiropodist, GP and practice nurse. The only one that doesn't really is the dentist." Another relative said, "If they have any concerns about [person] they get the GP in. I think they come regularly." A person commented, "I think I was missed off the list. My toenails really need cutting." We discussed this with the deputy manager. They told us that the chiropodist was due to visit the following day and that the person was due to have their nails looked at. Staff were aware of people's health needs and told us that they reported any changes in people's needs to the senior on duty who would make appropriate referrals to other professionals if required. Records we reviewed confirmed that staff supported and referred people promptly. Records also showed that people had seen a range of health professionals and details of the outcome from the appointment had been recorded so that staff were aware of any changes.

Good

Is the service caring?

Our findings

People were positive about the support that they received and the caring nature of staff. Comments included, "We all get treated well," "The staff here are lovely. It is like one big family," and, "The staff are always lovely to me." A relative told us, "They have all been really kind to [person]." Staff we spoke with demonstrated their passion and commitment to improving the welfare and wellbeing of people that used the service. One staff member said, "Having time with people makes it all worthwhile." Another member of staff told us, "I love to hear their stories. I am always talking to people."

Throughout the day of our inspection visit, we observed that staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

People were supported in a dignified and respectful manner. One person commented, "They certainly show me respect." A relative told us, "I have never seen anything other than respect for people here." We saw that staff spent time chatting to people and took an interest in them. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. We saw that staff did knock on people's doors before entering their room.

People were involved in making decisions about their care. One person said, "Oh I can get up pretty much when I want." Another person told us, "I can get up and go to bed whenever I want really. I can go to my room, sit in the conservatory or the lounge." People were included in decisions about meals, going out, and attending activities. Staff explained that they offered people choices about their care. One staff member said, "We ask people if they want a bath or a shower. I use options of clothes so people can pick what they want." We saw throughout the day of our visit that people were asked if they wanted support with things such as using the toilet, or help with cutting up their food. People's decisions were respected.

People's preferences and wishes were taken into account in how their care was delivered where possible. For example routines that they wanted to follow were respected. One person said, "I like my bath first thing in the morning so the staff do that for me." Another person commented, "If I am having a bath it has to be at a certain time because it takes two carers." Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them. One staff member said, "I know about some people's history. I find it so interesting. I wish we could get that for everyone. It helps you to talk to people." They explained that not everyone wanted to or was able to provide this information.

People had the support that they required to be as independent as possible. They were encouraged to maintain the skills that they already had and to complete tasks they could do themselves. For example, people were encouraged to eat independently where they could. We saw one member of staff ask someone if they wanted help with their meal. The person refused this. Staff did ask later if the person wanted help and this was accepted. A relative told us, "I am happy that they get [person] to do as much as they can, but then support while they are trying. It is done at [person's] speed. I have never seen them rushing." This meant that

staff were encouraging people to do things themselves where they could and allowing them the time to do this.

Staff were knowledgeable about the people who they supported. They could tell us about people's likes, dislikes and preferences. One staff member explained the needs of one person. They told us, "It is about getting to know people and know what they want." We saw that this information was recorded in people's care plans. The information had been provided by each person and their family and friends. This meant that staff had access to information about what was important to each person and could use this to have conversations with people about things that mattered to them.

People's visitors were made welcome and were free to see them as they wished. A relative told us, "There are no restrictions on visiting. They do like us to avoid mealtimes for the obvious reasons." Another relative commented, "I feel really comfortable visiting." The visitor's book showed that people had visited at various times.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

The care that people received met their individual needs. One person said, "They know that I don't like the taste of some pills so they check I take them." A relative told us, "They have got to know [person's name]." People's care plans included information that guided staff on the activities and level of support people required. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. This enabled staff to provide support in a way that met people's individual needs and preferences.

People's care and support needs were assessed prior to them moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Staff confirmed that this had taken place. One staff member said, "Before they are admitted the manager does an assessment to check that we can provide for their needs." People and their relatives told us that they had been involved in their assessment. Records we saw confirmed that people's views had been recorded as part of their assessment.

People and their relatives told us that they had been involved in changes to their care plans. A relative told us, "There have been several changes to [person's name] care plan. I have been included all the way along." The deputy manager told us that people and their relatives were invited to a review of their care plan at least once a year, or if their needs had changed. They told us that people did not always want to attend reviews but they were asked for their views. They agreed that they would record where people had been asked for their views so that this was clear in the care plan. We saw that care plans had been reviewed monthly or when someone's needs had changed. This meant that care plans included up to date information about people's needs so that staff had the information they required.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. Key information was recorded in the communication book that all staff could access.

People were offered activities to provide them with stimulation. However, some people felt that they would like more activities and variety. One person said, "There are not really a lot of activities for me. They are more for people with dementia. I do get bored." Another person told us, "I went on a trip to the zoo and really enjoyed it." A member of staff explained that trips out would be arranged when the weather was warmer. One person commented, "I would like to do a bit of knitting again. There is knitting stuff in a cupboard but I don't really want to do it on my own." We saw that activities were planned for each day. However, on the day of our visit the activities co-ordinator was on holiday. Staff did offer a music session and people appeared to enjoy this. Staff told us that they felt people could be offered more activities. One staff member said, "People could do with more activities. We are going to do more trips but it would be good if there was an activities person here more regularly." Another staff member told us, "It can be difficult to find things that people enjoy. There are things that some people like and not others. There could be more to do in the afternoons, even if it was only jigsaws." We saw that special events had been held for Easter and staff told us that

relatives were invited for gatherings throughout the year.

People told us that they enjoyed accessing the garden but this was something that they did not always get to do. One person said, "I love to go in the garden, but you have to ask because they need to know where you are." Another person told us, "I would like to go out in the garden more but there aren't many of us who can go out because it is so easy to get on the road." A relative commented, "I would like to see them making a lot more use of the garden because it is beautiful." The deputy manager told us that the local scouts had visited the home and made the garden more accessible with a raised flower bed, a bird table and benches. Staff told us that people did access the garden and enjoyed sitting outside. They told us that some people needed supervision to do this due to the garden having direct access to the road. We discussed this with the proprietor and the deputy manager. Following our inspection the deputy manager contacted us to say that it had been agreed that gates would be purchased and fitted so that people could access the garden more freely.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I can speak to [staff] or [registered manager] and they will sort things out for me." Another person said. "I would have no problem speaking with [registered manager] or any member of staff if I had a problem." There were procedures for making compliments and complaints about the service and these were displayed so that people and their relatives had access to them. We reviewed details of complaints that had been received and saw that action had been taken to address and respond to these within the agreed timescales identified in the provider's policy.

Good

Is the service well-led?

Our findings

People told us that they were pleased with the service they received and felt that the registered manager was approachable. One person told us, "[Registered manager] is very approachable. If I can't live at home then this is the next best place." Another person said, "I had heard lots of good things about this place before I came and it has a nice atmosphere." A relative commented, "[Person's name] is really comfortable here. It makes a difference that the staff are stable." Another relative said, "I am so glad that they had a room when I turned to them. They don't have many vacancies here." Staff agreed that the management team were approachable. One staff member said, "[Registered manager] is always there. I can phone her and talk to her if I want to." Another staff member commented, "As we have a deputy manager as well now it gives you someone else to go to and there is always someone."

People and their relatives had opportunities to give feedback to the provider. One person said, "I have completed a couple of surveys now." Another person said, "[Registered manager] is very good at communicating. She is out in the home all the time and chatting to people." We saw that people were asked for their feedback as part of residents meetings. The minutes from the most recent meeting held in March 2017 showed that people had discussed activities, redecorating the lounge, meals and improvements that had been made to the service. Actions had been set following the meeting. However, these had not always been completed. We saw that at the meeting in August 2016 people had asked for their pictures to be on their room door with details of their named staff member. This had not been completed. A survey had been sent out in February 2017 to people who use the service and their relatives. The feedback had been analysed. Comments from the survey and actions that had been agreed were on display so that people could see what had been agreed as a result of their feedback.

The deputy manager told us about changes that had taken place since our last inspection. This included changes to the environment, and changes to medicine procedures. Staff told us that they had noticed improvements in the service. One staff member said, "Things have improved. They are listening to us now. Everyone works together. We are all on the same page." Another staff member told us, "Things have got better over the last year. Things are more structured. Communication is better and the shift runs more smoothly." One staff member commented, "We know what we are doing with medicines much more clearly now." This meant that the registered manager had made changes based on feedback to improve the quality of the service that people received which demonstrated good leadership.

There were systems in place to regularly monitor the quality and safety of the service being provided. These included checks on areas such as people's care plans, medicines and the environment. We saw that any actions that were needed were recorded and reviewed. We found that there were documents that had not always been dated to show when they had been created, or reviewed. We discussed this with the provider. They told us that they would make sure that dates when changes were made were recorded. This meant that the service had processes in place to monitor the quality of the service and to drive improvements.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included a whistleblowing procedure, a medicines

policy and a detailed infection control policy that had been updated recently. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I know I can go to CQC or safeguarding." We found that there were a number of policies that were either not required for the service that was provided or had been recorded as being reviewed but still had out of date information. For example, we found a policy about the use of autoclaves. This is a specialist piece of equipment that was not used in the home. We also found that the safeguarding policy had been reviewed in the last 12 months but had not been updated to include new categories of abuse that had been introduced in 2015. We discussed this with the provider and they agreed that they would review the policies to ensure that they were appropriate for the service and fully updated.

Staff told us that they attended regular team meetings and felt supported. These provided the staff team with the opportunity to be involved in how the service was run. One staff member commented, "We have made suggestions and the ideas have been implemented. We have a diary that we look in each shift to see who is coming so we know on the day. That was suggested by a member of staff." Another staff member said, "I find team meetings useful. We can talk to each other." We saw minutes from the last three team meetings. Topics discussed included good practice, training, policy changes, documentation and how to complete this. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. We saw that the rating from our last inspection was displayed in the service. This is something the provider must do.