Integrated Nursing Homes Limited

Eastgate House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 26 July 2016.

Eastgate House Residential Home can provide accommodation and personal care for 20 older people. There were 11 people living in the service at the time of our inspection.

There was a registered manager in post. 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. The registered manager was not present in the service during our inspection visit.

At our inspection on 25 July 2014 there were two breaches of legal requirements. We found that people were not always receiving all the assistance they needed to keep their skin healthy. In addition, we found that accurate records were not always being kept to suitably describe the care that was being provided and to list the number of staff who were on duty. After the inspection the registered persons wrote to us to say what actions they intended to take to address the problems in question. They said that all of the necessary improvements would be completed by 30 September 2014. At the present inspection we found that the necessary improvements had been made and that the two legal requirements had been met.

People were helped to avoid the risk of accidents and staff knew how to respond to any concerns that might arise so that people were kept safe from abuse.There were reliable arrangements for ordering, dispensing and recording the use of medicines. There were enough staff on duty to care for people and background checks had been completed before new staff were appointed. People were protected from the risk of acquiring avoidable infections.

Parts of the accommodation were not adapted and decorated to meet people's individual needs. Although staff knew how to care for people in the right way the registered persons had not made robust arrangements to provide all of the training they considered to be necessary. People were assisted to eat and drink enough and the catering arrangements helped people to enjoy their meals. Staff had made sure that people were offered all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005 (MCA) and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. Five people living in the service were being deprived of their liberty or were subject to a high level of supervision and the registered manager had taken the necessary steps to ensure that their legal rights were protected.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and there was provision for confidential information to be kept private.

People had been consulted about the care they wanted to receive and they had been given all of the practical assistance they needed. People who lived with dementia and who could become distressed received the individual support and reassurance they needed. People were given opportunities to pursue their hobbies and interests and there was a system for resolving complaints.

Quality checks had not consistently identified and resolved problems. However, when people and their relatives had suggested improvements to the service their ideas had been implemented.

Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were correctly ordered and dispensed and recorded.

There were enough staff on duty and background checks had been completed before new staff were employed.

People were protected from the risk of acquiring avoidable infections.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not adapted and decorated to meet people's individual needs.

Although staff knew how to care for people in the right way the registered persons had not made robust arrangements to provide all of the training they considered to be necessary.

People were supported to eat and drink enough to maintain their good health.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who lived with dementia and who could become distressed.

People were supported to pursue their hobbies and interests.

There was an effective system to resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always been robustly completed so that problems could be quickly addressed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Eastgate House Residential 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 registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 26 July 2016. The inspection was unannounced and the inspection team consisted of a single inspector and an expert by experience. An expert by experience is someone who has personal knowledge of using this type of service.

During the inspection we spoke with nine people who lived in the service and with two relatives. We also spoke with a senior care worker, two care workers, the chef, administrator and deputy manager. We observed care being provided in communal areas and we also examined records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with two relatives. We did this so that they could tell us their views about how well the service was meeting their family members' needs and wishes.

Good

Is the service safe?

Our findings

At our inspection on 25 July 2014 we found that there was a breach of Regulation 9 (1) (a) (b) l (ii) (iv) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is now Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that suitable arrangements had not been made to assist a person to regularly change position in order to relieve pressure on key areas of their body. This was necessary to reduce the risk of them developing sore skin. After the inspection the registered persons wrote to us and said that they had improved the assistance provided for people so that they could keep their skin healthy. These improvements involved staff being provided with more detailed written information about how best to assist the people concerned to change position. They also involved more thorough records being kept to check that the necessary care had been provided. The registered persons said that the improvements would be completed by 30 September 2014. At the present inspection we found that suitable arrangements were in place to support people who were at risk of developing sore skin and who needed to change position regularly. Records showed that these people had been provided with a range of equipment such as soft mattresses and cushions. They also showed that when necessary people were being regularly assisted to change position in accordance with the written information in their individual plan of care. These improvements meant that the relevant legal requirement had been met.

We found that people were not being consistently protected from the risk of acquiring avoidable infections. This was because the floor in the medicines store room was made out of chipboard that had not been sealed and so could not be cleaned effectively. We noted that the floor was heavily stained. In one corner there was a spill on the surface that had the consistency of a thick syrup over which ants and flies had gathered. In other places on the floor dust and other debris had stuck to various spillages that had since dried. Most of the medicines kept in the room were stored in sealed plastic containers. However, others were not protected in the same way from the environment because they were kept in their original boxes that were stored in open trays. Although there was no evidence to show that people had experienced direct harm as a result of these arrangements, the shortfalls increased the risk that people would not be suitably protected from acquiring avoidable infections. The day after our inspection visit one of the registered persons informed us that the flooring in question would immediately be replaced so that it had a sealed surface that could be kept clean and hygienic. Shortly afterwards the registered person sent us a photograph showing that the new flooring had been fitted.

People said and showed us that they felt safe living in the service. One of them said, "I've lived here for some time and am quite settled. I never thought I would settle and it's down to the staff being so kind." We observed another person who lived with dementia and who had special communication needs. We saw how they went out of their way to stand near to a member of staff who was laying the tables for lunch. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm in the service a lot and I don't have any concerns at all. It's got a family feeling to it because it's quite small. It's not posh but it's caring."

Records showed that staff had completed training in how to keep people safe from harm and staff said that

they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns which remained unresolved.

We saw that there were robust arrangements to protect people from the risk of financial mistreatment. These included the administrator carefully assisting people to manage their personal spending money. The funds were held securely for each person and a record was made on each occasion money was spent on someone's behalf such as paying to have a consultation with the visiting hairdresser. We checked two sets of these records and we found that there were receipts for each purchase and that the cash held for each person matched exactly the balance described in the records.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing by reducing the risk of them having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we noted that hot water was temperature controlled and most radiators were guarded to reduce the risk of scalds and burns. We also saw that external doors were securely shut when not in use and windows were fitted with safety latches to reduce the risk of people falling.

Records of accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person being offered more regular assistance by staff when they wanted to walk so that there was less risk of them falling and injuring themselves.

We found that there were reliable arrangements for ordering, dispensing, disposing and recording the use of medicines. We saw that there was a sufficient supply of medicines. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. In addition, the deputy manager told us that in the 12 months preceding our inspection there had not been any incidents when a person's medicines had not been correctly administered.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I'm pretty well looked after here. The staff are very busy in particular in the evening and then you might have to wait a bit, but it's not a major problem." Another person said, "As far as I am concerned there are enough staff. I never wait long for the call bell to be answered." We saw that a person who lived with dementia and who had special communication needs pointed to a passing member of staff and gave a 'thumbs up' sign to indicate their approval of staff being around. We concluded that there were enough staff because people promptly received all of the care they wished to receive. In addition, records showed that during the week preceding our inspection all of the shifts planned on the staff roster had been filled.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their

previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Requires Improvement

Is the service effective?

Our findings

Parts of the accommodation were not adapted and decorated to meet people's individual needs. On the outside of the building we saw that the patio area was not an attractive space. There were very few plants or other points of interest and the area was disfigured with various pieces of rubbish blowing about in the wind. A person described the patio as being, "Just an old back yard with a wall."

Although we saw that a significant number of improvements had been made on the inside there were still defects that needed attention. We noted that the ceilings in three bedrooms looked unsightly because their decorative tiles were discoloured, mismatched or cracked. In addition, we saw a number of carpets were worn, uneven and stained. Also, in various places skirting boards, architraves and doors were marked and scuffed. Furthermore, in one of the hallways a carpet was particularly worn at the seam and this was a trip hazard. These problems reduced people's ability to enjoy and be comfortable in their surroundings. A person commented on this and said, "In general the place is homely and I like it. It's just at the edges that the owners need to keep an eye on so it doesn't get run down." Relatives voiced similar opinions with one of them saying, "The care is by far the most important thing and that is definitely good. Parts of the accommodation look a bit tired and it wouldn't take much to sort it out."

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "The staff are good here and they help me with whatever I need." Another person remarked, "I don't use the word perfect very often but that's how I see the staff here. They know what they are doing and make me feel they really enjoy helping us, so I never feel a nuisance to anyone."
Relatives were also confident that staff knew what they were doing with one of them remarking, "I find the staff to be very on the ball. The senior staff in particular know exactly what they're doing and they make sure that the more junior staff do things in the right way."

Records showed that staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that senior staff regularly observed the way in which their colleagues provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained or were studying for a nationally recognised qualification in the provision of care in residential settings.

The deputy manager said that new staff needed to be provided with comprehensive introductory training before working without direct supervision. Records showed that new staff completed a number of 'shadowing shifts' when they accompanied one of the senior staff who explained what they were doing as they went along. In addition to this, we noted that new staff were benefiting from being supported to complete the Care Certificate. This is a nationally recognised training programme that is designed to ensure that new staff have all of the knowledge and skills they need to care for people in the right way.

Records showed that some staff had not completed all of the refresher training that the deputy manager

said was necessary. This included subjects such as first aid and infection control. However, we found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Other examples included staff knowing how to help people keep their skin healthy, eat and drink enough to stay well and to manage safely with reduced mobility.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked and records showed that these weights had been analysed using a nationally recognised model. This arrangement helped to ensure that staff could quickly identify any significant changes that needed to be brought to the attention of a healthcare professional. We also saw that staff were correctly checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. Records showed that as a result of this some people had been prescribed a high calorie food supplement to help them to maintain a healthy body weight. We noted that staff had arranged for some people to receive advice from a healthcare professional because they were experiencing difficulties when swallowing. As a result of this they were having their food blended so that there was less risk of them choking.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. In addition, we saw that there was a written menu which provided people with a choice between different dishes at each meal time. People were generally positive about the quality of their meals and one of them said, "The quality varies a bit depending on whether the main cook is on duty, but most days it's pretty good and there's always enough."

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A relative remarked about this saying, "The staff are very much on their toes and call the doctor straight away if they've got any concerns about my family member's health."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered manager and staff were following the MCA by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them to use a medicine on a regular basis rather than declining it on some days. The member of staff reminded the person about why the medicine had been prescribed for them so that they fully appreciated how they would benefit from regularly using it. After this, we saw the member of staff quietly waiting with the person until they were sufficiently reassured to accept the medicine in question.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's care manager to support them when deciding if it was advisable for a person to return to live in their own home.

People can only be deprived of their liberty in order 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 found that five people were being deprived of their liberty or were subject to a high level of supervision at the time of our inspection visit. This was necessary to ensure that they safely received the care they needed and records showed that for each person the registered manager had obtained or applied for the necessary DoLS authorisation. By doing this the registered manager had ensured that only lawful restrictions were being used that respected each person's rights.

Good

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "If I can't sleep in the night a carer will come and sit with me and talk. They are so good to me if I am feeling a bit down in the night. The company is wonderful and they will bring me a cup of coffee." We saw another person who lived with dementia and who had special communication needs standing with a member of staff looking out of the window. They both used their fingers to count the number of cars passing by on a nearby road and then used gestures to remark on the volume of the traffic. The person smiled and laughed and plainly enjoyed spending time with the member of staff concerned. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "I've always thought that the staff are very good. They have a gentle manner and they're the right people to work in a care home."

During our inspection we saw that people were treated with respect and in a caring and kind way. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about roads and roundabouts that had been built over the years in King's Lynn. We saw another example when a person enjoyed telling a member of staff about how some of the villages on the outskirts of the town had changed as new housing developments had been added.

We observed another occasion when a member of staff was helping someone in their bedroom to adjust the volume of their television. The member of staff was called away to answer the front door and we noted that before they left the person the member of staff explained why they were leaving. They also assured the person that they would return as soon as possible. A few minutes later we saw the member of staff go back to the person's bedroom where they helped them to set the television's volume at the chosen level. They also then sat with them and chatted about the programmes that were due to be on later in the day. Shortly after this event we spoke with the person and they said, "The staff are kind aren't they and they pop in now and then to check I'm okay in my bedroom. I don't feel lonely in my bedroom because there's always someone around for a chat."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of bringing up their children. We noted that the person was pleased to recall the challenges involved and they spoke enthusiastically about their grandchildren and what they were doing at college and at work.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own

company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

In addition, we saw that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We noted that staff knocked and waited for permission before going into bedrooms, toilets and bathrooms. Also, we observed that when staff provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "When I visit I can see my family wherever I want to. We normally stay in the lounge but if I wanted to speak with them in private that would be quite okay with the staff."

We saw that some records were kept electronically. They were held securely in the service's computer system that was password protected and so could only be accessed by authorised staff. In addition, we noted that paper records were stored securely when not in use. We also found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Good

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included people being supported by staff to use aides that promoted their continence. Another example was the way in which staff regularly checked on people during the night to make sure they were comfortable and safe in bed. A person commenting on the care they received said, "The staff help me a lot with all sorts and I certainly wouldn't like to be without them." Relatives were also confident about this matter with one of them saying, "I'm confident that my family member gets the right assistance. Whenever I call I find them to be neat and clean and to look well in themselves. I'd soon know if they weren't."

We noted that staff were able to effectively support people who could become distressed. We saw that when this happened staff followed the guidance in the person's care plan and was able to reassure them. One of these instances involved a person who was not sure when their relative was next due to call to see them. They indicated this by asking on a number of occasions what their relative was doing at that particular time. A member of staff quietly explained to the person that their relative was probably at work and so would not be able to call to the service until later on in the day. After this we saw the person smile and become more relaxed. The member of staff had known how to identify that the person required support and had provided the right assistance.

We were told that there was a part-time activities coordinator and records showed that they supported people to enjoy a range of social activities. These included things such as arts and crafts, games and quizzes. Records also showed that the activities coordinator sometimes supported people to leave the service to go out into the community. One of them said, "I get out in my wheelchair through the park to the shops. It's lovely to be out in the fresh air and I really appreciate that."

In addition, records showed that entertainers occasionally called to the service to offer people opportunities to enjoy singing along to favourite tunes and to undertake gentle armchair exercises. Although the activities coordinator was not on duty during our inspection visit people were not concerned and enjoyed doing things such as reading, watching the television and chatting. Most people told us that there were enough social activities for them to enjoy with one of them saying, "I don't get bored as such as I'm not a child. However, I do like to see the activities lady when she's in because there's a good atmosphere in the lounge when we all do things together such as games."

We noted that there were arrangements to support people to express their individuality. We were told that arrangements would be made if people said that they wished to meet their spiritual needs by attending a religious ceremony. We also noted that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had asked to have special meals, the deputy manager said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the deputy manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative commented about this saying, "I don't think I've ever had to complain as such. If there's been something minor I've just had a word with the staff and they've sorted it out without any fuss."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that in the 12 months preceding our inspection visit the registered persons had received three formal complaints one of which had yet to be resolved. We noted that with respect to the two closed complaints the registered manager had promptly acknowledged the receipt of the complaint and had thoroughly investigated the concerns in question. They had then politely written to the complainants explaining how any mistakes had occurred and describing what would be done to reduce the likelihood of them happening again. We noted that a similarly robust process was underway in relation to the complaint that had yet to be resolved.

Requires Improvement

Is the service well-led?

Our findings

At our inspection on 25 July 2014 we found that there was a breach of Regulation 20 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is now Regulation 17 (2) (d) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We noted that accurate records had not always been kept to describe all the care people received. We also found that the deployment of staff in the service was not always clearly recorded. These shortfalls reduced our ability to establish that robust arrangements were in place to ensure that there were enough staff available to reliably provide people with all of the care they needed. After the inspection the registered persons wrote to us and said that they had improved the way in which the delivery of care and the deployment of staff were recorded and monitored. These improvements involved staff being given more guidance about how best to record the assistance they provided for people and more checks being completed of how well this was being done. They also involved changes being made to a number of records kept in the service so that there was a more comprehensive description of which members of staff were on duty each day. The registered persons said that the improvements would be completed by 30 September 2014. At the present inspection we found that suitable records were in place to describe all of the care that people had received. We also noted that the staff roster was accurate and comprehensive. These improvements meant that the relevant legal requirement had been met.

In addition, we found that the registered persons had ensured that a number of other quality checks were regularly completed. These were intended to ensure that people reliably and safely received all of the care they needed. These checks included establishing that fire safety equipment, hoists, the stair-lifts, electrical services and gas appliances remained in good working order.

However, some of the quality checks completed by the registered persons had not always effectively identified and quickly resolved issues. Examples of this were the problems we noted in the accommodation, shortfalls in staff training and oversights in measures used to promote good standards of infection control. Although people had not experienced direct harm as a result of these problems, the lack of a consistently robust quality management system had increased the risk that people would not reliably benefit from receiving the facilities and services they needed.

People who lived in the service said that they were asked for their views about their home as part of everyday life. One of them said, "It's all quite informal here, almost like a big family. The staff chat with us and we can have our say if we want something." In addition to this, we noted that people had been invited to contribute to regular residents' meetings. Records showed that the registered manager had introduced some of the improvements people had suggested. An example of this involved the installation of a new 'nails bar' that better enabled staff to give manicures which people said they enjoyed.

People and their relatives said that they knew who the registered manager and deputy manager were and that they were helpful. During our inspection visit we saw the deputy manager talking with people who lived in the service and with staff. They knew about the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively

manage the service and provide guidance for staff. A relative commented on this and said, "The manager and the deputy aren't at all remote and you see them around. The senior care workers in particular have a very detailed knowledge of the care my family member receives and I find that very reassuring."

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior care worker in charge of each shift and during out of office hours there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and deputy manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

We noted that the registered manager had provided some of the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager providing information for staff obtained from a national scheme that is designed to promote positive outcomes for people who live with dementia. We saw that this information was reflected in the way that people who lived with dementia were supported to relate to staff and to enjoy social activities.