

Hollywood Rest Home Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 20 November 2017 and was unannounced. Hollywood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 36 people in one adapted building and specialises in providing care to older people some of whom are living with dementia. At the time of our inspection 34 people were using the service.

We last inspected this service in June 2017 when we rated the service 'Requires improvement' overall. We identified breaches of regulations because the provider had not ensured staff were suitably deployed to respond promptly to people's needs. The provider had not always notified the commission of incidents they were required to or taken effective action to identify and mitigate any risks to people who used the service. At this inspection, we found improvements had been made to meet all legal requirements although further action was required to ensure care records and systems to monitor the quality of the service were robust. This is the fourth consecutive time the service has been rated Requires Improvement.

The provider had strived to improve the quality of the service but further action was needed to ensure these changes were embedded in practice. Concerns from our last inspection about the lack of detail in people's risk assessments had still not been fully addressed. Further guidance was required for staff to identify how to support people whose mental capacity may fluctuate and who could legally make decisions on their behalf. Although records were regularly audited we found some errors had not been identified. Audits had been carried out regularly however there was no formal process to ensure they would continue or enable the provider to check that audits had been carried out as planned.

There was a registered manager in place who was present during our inspection. 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.

Since our last inspection the registered manager had taken action to protect people from abuse and avoidable harm. Staff knew how to recognise signs which could indicate someone was experiencing or at risk of abuse. Staff knew how to protect people from the risks associated with their specific conditions. Care plans were being reviewed to ensure they contained suitable guidance for staff about people's care needs. There were processes in place to ensure the premises and equipment were regularly checked so they remained safe. Staff responded promptly to people's needs however there was no formal process to identify how much support people required. The provider had taken action to ensure people received their medicines appropriately and safely. There were systems in place to manage the prevention and control of infection and to review incidents and learning when things went wrong.

Staff were able to demonstrate they had sufficient skills and knowledge to support people who lived with dementia or could display behaviour which may challenge others. People received sufficient amounts of foods and drinks they enjoyed to meet their nutritional needs. We saw staff seek consent from people before providing personal care and respected their wishes. Staff demonstrated a knowledge of legislation which promoted people's right to make decisions about how they lived their lives. There were effective processes in place to ensure staff communicated effectively between themselves and with other organisations. People were supported to live healthier lives and have access to other professionals to meet their needs. The premises were suitable to meet the needs of the people who used the service.

People told us that the staff were caring and staff spoke fondly about the people who used the service. The registered manager had taken action since our last inspection to ensure people were supported to express their views about the care they received. People were supported to be independent by staff who respected their privacy and dignity.

Staff responded promptly when people required support or asked for assistance. People were supported to follow their interests and hobbies. Details of the provider's formal complaints policy were available in the reception. People's concerns were responded to. There were processes in place to ensure people would receive appropriate care at the end of their lives. People who used the service and staff expressed confidence in the leadership of the care home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

People were at risk of receiving unsafe or inappropriate care because risk assessments were not always written or updated promptly.

Staff knew how to recognise signs which could indicate someone was experiencing or at risk of harm.

The premises and equipment were regularly checked so they remained safe.

There were enough staff to respond promptly to people's needs.

People received their medicines appropriately and safely.

There were systems in place to manage the prevention and control of infection and to review incidents and learning when things went wrong.

### Is the service effective?

**Good** 

The service was effective.

People were supported by staff who sought their consent and respected their wishes.

Staff had sufficient skills and knowledge to meet the needs of the people who used the service.

People received sufficient amounts of foods and drinks they enjoyed and which met their nutritional needs.

Staff communicated effectively between themselves and with other organisations.

People were supported to live healthier lives and have access to other professionals to meet their needs.

The premises were suitable to meet the needs of the people who used the service.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and staff spoke fondly about the people who used the service.

People were supported to express their views about the care they received.

People were supported to be independent by staff who respected their privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People were supported to follow their interests and hobbies.

People were encouraged to raise concerns about the service and they were responded to People's concerns were responded to.

There were processes in place to ensure people would receive appropriate care at the end of their lives.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

The provider had improved the quality of the service but further action was needed to ensure these changes were embedded in practice.

Audits had not always identified missing or inaccurate information.

People who used the service and staff expressed confidence in the leadership of the care home.

# Hollywood Rest 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 visit took place on 20 November 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

When planning our inspection, we looked at the information we already held about the provider. This included any notifications they had sent us. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed information about the care home from the local authority who commission services and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information the provider had sent us about how they were going to address our concerns from the last inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with 13 people who used the service and five people's relatives. We spoke with the registered manager, the nominated individual for the service and six members of care staff. We spoke with a GP and two people who were from a sensory support service who were visiting people who used the service.

We sampled six people's care plans and medicine records of five people. We reviewed other records used by

the provider to manage the service such as staff files, audits, communication records and incident records. We also reviewed additional information the provider sent us after our inspection visit. 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.



## Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not taken effective action to ensure staff were aware of risks to people and how they could be reduced. We also found that staff were not effectively deployed to ensure people were supported promptly. Some staff were not fully aware of how to protect people from the risk of abuse. At this inspection we found the provider had taken some action to address our concerns however further action was required to ensure people's risk assessments contained up to date guidance for staff.

At our last inspection we were concerned that risk assessments did not reflect all of the support people needed to remain safe and well. Although some people's risk assessments had been updated, the registered manager told us they had not completed their review of everybody's risk assessments. The risk assessment for one person who was at high risk of developing specific conditions had not been completed even though they had moved into the home several weeks prior to our inspection visit. This continued to put people at risk of receiving unsafe or inappropriate care. Staff we spoke with however knew how to protect the person from the risks associated with their conditions. Staff also told us about a person who could display behaviours which could challenge others. They knew how to identify if the person was becoming anxious and what action to take to support the person so they and others were kept safe from harm. One member of staff told us, "We find if we sit down and talk to them this keeps them happy". Incidents were recorded and reviewed so staff could identify trends and prevent events which could trigger the person's anxiety from reoccurring.

There were processes in place to ensure the premises and equipment were regularly checked so they remained safe and the risk of injury to people was reduced. We saw regular checks were undertaken by qualified individuals of fire detection systems and equipment, gas boilers and burners, lifts and mobility equipment. The registered manager conducted regular health and safety audits to ensure the care home was a safe environment for people to live in.

People told us they felt safe living at the care home. One person told us, "Of course I feel safe. There is no such thing as bullying." Another person told us, "I feel safe here because I have my walking frame". Staff demonstrated that they were aware of signs which may indicate that someone was being abused and the action to take. They knew where the provider's policies were kept and would let other agencies know if they felt issues were not being addressed. One member of staff told us, "We have some training every year like safeguarding and moving handling." Another member of staff told us, "I've never seen any unsafe practice



and if I did I would report it straight away to the senior or manager".

The provider had taken effective action to ensure people were supported by enough suitable staff to meet their needs. A person who used the service told us, "I ring the [call] bell, they come and help me. They are very good." At our last inspection we observed that staff were not suitably deployed to meet people's needs promptly and staff spoken with did not always know how people required supporting. We found now that staff responded promptly to support people with personal care and provide reassurance when necessary. Staff appeared unhurried and spent time chatting with people. One member of staff told us, "We have plenty of staff around. Four (care staff) on all day with a senior is enough at the moment." Another member of staff said "Sometimes there are three (care staff) on at night, it depends on who we have in so it can vary between two or three." The registered manager told us they would amend staffing levels as people's needs changed. They said they used their own judgment to identify how many staff were required.

The provider had taken action to ensure people received their medicines appropriately. At our last inspection we were concerned that processes did not enable staff to identify when some people were in pain or when to give 'as required' (PRN) medication. PRN is medication which is prescribed to be given as and when people need it instead of at set times. PRN protocols had been introduced along with a 'Pain Assessment in Advanced Dementia'. This enabled staff to identify if a person was in pain and when to give PRN medication. A senior carer was able to explain how one person would lean to their right and walk with a limp when they were experiencing pain in the lower back. One person told us, "When I am in pain they give me tablets."

Medicines were administered safely. We observed a member of staff administer medicines and informing people what they were for. They were patient and waited with people until they were confident they had swallowed their medicines. Medicines were administered by staff who had been assessed as competent to do so. People's medication records contained up to date guidance for staff about their medicines and creams. When required, staff knew how to administer people's covert medicines so they remained effective. Covert medicines are administered to people without their knowledge. Records showed that other health professionals had been involved in identifying people who required their medicines covertly and decisions had been made to do this in people's best interests. Medicines were stored appropriately. The provider conducted regular audits to identify that people had received their medicines as prescribed.

People were protected from harm by the prevention and control of infection. A cleaner at the service told us, "I have enough time to clean the rooms and the staff will help me if the other cleaner doesn't come in. They are good like that, we all work well together". Staff received infection control and prevention training when they first joined the service and we observed staff regularly using gloves and aprons when supporting people with personal care. This reduced the risk of cross infection. Toilets and bathrooms contained suitable hand washing facilities and guidance on how to prevent the spread of infection. The service had been awarded the highest rating by the local environmental health agency which meant they regarded the service as maintaining good food hygiene standards. The provider conducted regular audits to ensure these standards were maintained. We saw that the environment was clean, bright and odour free. Several bathrooms had recently been refurbished and the property was well maintained. This prevented surfaces from becoming impervious and harbouring harmful bacteria.

The registered manager had introduced a system to review incidents and learning when things went wrong. We saw they had updated people's care plans when they had been at risk of or suffered harm and reviewed these incidents for trends. These reviews had, for example, resulted in staff taking action to reduce the risk of people falling in the future or experiencing weight loss.



## Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. We found that staff did not consistently demonstrate an understanding of people's specific conditions or the risks they presented. Some people were not always supported to make their own decisions or move freely around the care home as they wished. People were not always supported promptly at meal times. At this inspection we found the provider had taken action to address our concerns. At this inspection we found improvements in these areas and our findings supported a rating of 'Good'.

At our last inspection we saw that staff did not always seek consent before providing personal care or support people to move around the care home when they wanted as required by the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We saw staff seek people's consent before supporting them and offer choices such as, "Would you like orange or blackcurrant (juice) or a cup of tea." Staff explained how they sought consent from people and understood how to obtain consent from people whose mental capacity may fluctuate. One member of staff told us, "You get to know people and what they like and if they can't always tell you, you can usually tell by their face or their body language". Staff responded promptly when people asked for support to move. When people were felt to lack the mental capacity to make decisions about their care the registered manager had held meetings with others who knew the person well in order to make decisions which were in their best interests. The registered manager had updated care records to identify when people may lack mental capacity although further detail was required to help staff support people whose mental capacity was known to fluctuate and other people who had the legal power of attorney to make decisions on people's behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were aware of the DoLS process and their responsibilities. One member of staff told us, "DoLS are in place because it is in the person's best interest that they stay here to keep them safe." The registered manager had made applications to the appropriate authority when they felt it was necessary to restrict a person's freedom in order to keep them safe. Although they were awaiting the outcome of these applications the registered manager told us of the process they had in place to ensure approved

applications would be reviewed and renewed when necessary.

We were concerned at our last inspection that staff did not demonstrate they had sufficient skills and knowledge to support people who lived with dementia or could display behaviour which may challenge others. We saw this had improved. Staff had received training in these conditions and could explain best practice. One member of staff explained how they used a specific coloured chalk to write the daily menus. There is evidence that words written in this colour are easier to read for people living with dementia. People's care records contained information for staff about their behaviour and how staff could recognise if a person's condition was deteriorating. We saw staff approach a person who was becoming anxious and offered them a cup of tea. The person relaxed and engaged positively with the member of staff.

People we spoke with said they were confident that staff knew how to meet their care needs. One person's relative told us, "Granddad is always very well looked after. Always well dressed the way he used to like it." Staff told us they received regular training and supervisions with senior staff to ensure they had the skills and knowledge to do their job. One staff member was about to undertake additional training so they would have the knowledge to work in a senior role. They told us, "The training is good, we have set training days that we attend and we get training regularly – we've only recently completed moving and handling". The registered manager told us they had undergone additional training to ensure they had the skills needed to provide good quality training.

People received sufficient amounts of foods and drinks they enjoyed and which met their nutritional needs. One person told us, "The dinners are excellent". A person's relative said, "Mum's diet has changed slightly. They can accommodate that." At our last inspection we noted that people were not always offered an alternative choice when they refused a meal and saw this had improved. However on one occasion we saw one person who refused a soup starter was not offered an alternative choice. The registered manager told us they would look into this incident and that an alternative should have been available. We were also concerned that at the last inspection people were left sitting at tables for 50 minutes before their meals arrived. This time we saw that people were served promptly in the dining room and those people who lived in their rooms also received their meals at the same time. The dining room had recently been decorated and people were encouraged to be as independent as possible during meal times. We saw people chose to sit in the dining room after lunch and talk with each other and staff. The registered manager and staff promoted meal times as a sociable occasion.

Staff had taken action when people were at risk of malnutrition. When necessary staff had monitored people's weights and involved other health professionals such as dieticians to provide expert advice and guidance. We noted that records for one person had showed they had experienced a significant weight loss and it was unclear if staff had taken any action. The registered manager sent us evidence after our inspection visit to show this was a recording error and the person had been supported to receive the appropriate nutrition.

People received care in line with recognised good practice. People's needs had been assessed and plans put in place to provide safe and effective care. People had been involved in developing their care plans. This had also included other people the person wished to be included when making decisions. Staff had received training and demonstrated a knowledge of legislation which promoted people's right to make decisions about how they lived their lives. Staff were aware of the provider's policies to prevent discrimination and promote equality and diversity at the care home. There was equipment in place such as lifts, wheelchairs and tilting baths which promoted peoples' independence.

There were effective processes in place to ensure staff communicated effectively between themselves and

with other organisations. We observed a hand over between two senior members of staff when they discussed the welfare of each person who used the service and their latest conditions. Information was regularly updated in a communications book so staff knew the latest changes to people's care plans. We saw the registered manager had developed good links with other health care organisations. During our inspection visit a manager from a nursing home visited to assess the needs of a person whose condition had deteriorated and was starting to require nursing care. People had 'hospital passports'. These contained guidance for staff about a person's latest care needs and wishes when they went to another health care location.

People were supported to live healthier lives and have access to other professionals to meet their needs. One person told us, "I see my doctor if I need to." Another person said, "I like to read so they called the optician to check my eyes and give me reading glasses. Staff we spoke with could explain people's behaviours which may indicate a change in their condition or that they were in pain. We spoke to a GP who was visiting some people who used the service. They told us that staff were knowledgeable about how to make appropriate referrals and were confident staff would follow any advice and guidance given. Records confirmed that health care professionals such as dieticians and district nurses visited people at the care home. This enabled people to receive expert advice and treatment in addition to on-going support provided by staff at the care home. Staff encouraged people to self-mobilise if they were confident to do so and one person had reduced the number of cigarettes they smoked after staff supported them to use electronic cigarettes instead.

The premises were suitable to meet the needs of the people who used the service. We saw there was a regular maintenance programme to ensure the property remained safe and comfortable. There were suitable lifts and ramps in place so people could move around the care home safely without restricting their independence. There was suitable storage facilities to protect people from the risks of hazardous or dangerous materials and items which could cause or spread infection. The registered manager had considered the impact decorations such as pictures and floor coverings could have on people living with dementia. Inappropriate decorations could make some people confused and anxious. People told us they had recently been involved in choosing decorations when the dining room was recently refurbished. Signage and information boards reflected the needs of the people who used the service so they could orientate themselves and identify their own bedrooms. There were quiet rooms and a garden if people wanted to meet with visitors or have time alone.



## Our findings

At our last inspection in June 2017 we rated this key question as 'Requires improvement'. We were concerned that staff did not take time to support people's emotional needs or involve them with their care planning. We found the registered manager had taken action to address our concerns.

People told us that the staff were caring. One person said, "They do really care, the way they speak to you". One person's relative said, "[Staff member is] very nice. Sometimes she will stroke mum's arm and chat to her". Another person's relative told us, "[Staff] are very polite the way they talk to them".

Staff spoke fondly about the people who used the service and how they enjoyed supporting them. One member of staff told us, "You have to be a caring person to do this job and I do care for the people here". We saw that staff took time to sit with people and the nominated individual encouraged this practice. One member of staff told us, "We play games, sit down and talk to people, we reminisce with them". People were confident to approach staff and staff were quick to provide reassurance and support when people became anxious. There were several fun conversations between staff members and people who lived at the care home enjoyed joining in. One member of staff told us jokingly, "We all get on, we're like a dysfunctional family". It was clear that staff enjoyed their jobs and the atmosphere of the care home was friendly.

The registered manager had taken action since our last inspection to ensure people were supported to express their views about the care they received. People and relatives told us the registered manager and staff would seek their views through a variety of formats and records had been regularly updated with people's comments about their care. One person told us, "They always come round and ask, 'Are you okay?'". A person's relative told us, "They consult us all the time." People met with staff to review their care and identify how they wanted to be supported in the future. We saw that their wishes such as preferred activities and choice of care staff were respected as much as possible. Staff could explain the specific communication needs of the people they supported and we saw staff engage in meaningful conversations with people. The registered manager had engaged the services of another agency to train staff in how to communicate with a person who was visually impaired. Information around the care home was available in a variety of formats to suit people's individual communication styles.

People were supported to be independent. One person told us, "I want to stay independent. They only help when necessary." A member of staff told us, "We encourage people to walk around, if they just sit down all day they lose that little bit of independence they have. It helps to keep them moving." We saw people were provided with equipment so they could move around the care home and eat without the need for support.

People's care plans contained details for staff on how to promote people's independence when supporting with personal care.

People were supported by staff who respected their privacy and dignity. One person said, "[Staff] are very respectful. They always knock on the door and I can always say, 'go away and come back later'". We observed staff were discreet when discussing people's personal care needs with them. Staff knocked on doors before entering and spoke with people using their preferred names. On one occasion however we heard a member of staff loudly discuss a person's medication needs. This could be heard by other people and we fed this back to the registered manager.



## Our findings

At our last inspection in June 2017 we rated this key question as 'requires improvement'. This was because staff did not always respond promptly to people's care needs and records did not always contain sufficient details so staff would know how to support people in line with their preferences. We found the provider had taken action to address these issues.

At this inspection people told us staff responded promptly when they required support or asked for assistance and our observations confirmed this. One person told us "They respond to the [call] bell promptly." A person's relative told us the service had responded very well to their care needs. They told us, "They've been here a month now and it's like a weight has been lifted – we know they are safe and well looked after."

Before people came to live at the home their needs had been assessed by senior care staff. Since our last inspection care records had been reviewed and updated so they contained personalised information for staff about people's health, social care and spiritual needs. They reflected how each person wished to receive their care and support. Staff supported people in line with their known preferences. For example we saw staff referred to people by their chosen names and knew what people liked to eat and drink. Staff knew when people like to get up and go to bed and we saw a person being supported in line with their choice. There were policies in place to promote the equality and diversity of the people who used the service. These included respecting people's cultural heritage and sexual orientation. Staff we spoke with said they respected people's lifestyle choices and decisions they made about how they wanted to live their lives.

People were supported to follow their interests and hobbies. One person told us, "We watch interesting things on the telly. There is singing and other activities." Another person said, "I read a lot. There is a little library and one of the carers brings me books."

People were supported to engage in their social interests such as keeping in touch with people who were important to them and following their chosen religion. One person told us how they received regular visits from a priest and we saw another person was supported to go out for lunch with a family member. A group of family and friends of people at the care home organised regular fetes and social events. This supported people to engage with the local community if they wanted. There were frequent visitors to the care home and relatives told us they were made to feel welcome. Records showed that there were regular resident and relative's meetings.

At our last inspection we were concerned that people did not know the provider's complaints policy. We found this had improved. People told us they were happy living at the care home and had not needed to raise any complaints. One person said, "I have never complained. I can speak to the manager if there's a problem." People told us that the registered manager and staff were approachable. One person's relative told us, "If we did have any concerns we would go straight to the manager." We saw there was a range of ways for people to feed back their experiences, such as meetings and surveys, which had resulted in changes to the environment and the range of meals available. Details of the provider's complaints policy were available in the reception. The registered manager had introduced a record of concerns received and we saw that these had been dealt with to people's satisfaction. We noted the registered manager had made people aware of the complaints policy in case they remained dissatisfied with their response. People's concerns were responded to.

There were processes in place to ensure people would receive appropriate care at the end of their lives. Care plans reflected people's care preferences and if they wanted to be resuscitated. There were details of people's chosen funeral arrangements and loved ones they wanted involved. When necessary, people had been supported by family members and GPs to express their final wishes. We saw that staff conducted regular checks when people's conditions changed. This ensured that people would have prompt access to equipment and other health professionals in the last days of their lives.





## Our findings

At our last inspection in June 2017 we rated this key question as 'Requires improvement'. We were concerned that systems in place had not ensured the registered manager and staff were aware of the specific care needs of some people who used the service. The provider had not ensured care plans contained specific information to enable staff to provide a person centred service. Audits had not been effective at identifying when records were incomplete or inaccurate. We found that the provider had taken action in response to our concerns however further work was required to ensure the improvements were embedded and sustained. Therefore the rating for this question remains unchanged.

The provider had strived to improve the quality of the service but further action was needed to ensure these changes were embedded in practice. In response to concerns raised at our last inspection, staff had undergone training to understand people's specific care needs and how to protect people from abuse. However our concerns about the lack of detail in people's risk assessments had still not been fully addressed. We noted however further guidance was also required to identify how staff could best support people whose mental capacity may fluctuate and if best interest decisions had included people who had the power of attorney. Although records were regularly audited we found some errors, such as the incorrect recording of a person's weight had not been identified. Although evidence suggested that people were being supported by sufficient and suitable staff during our inspection visit there was no formal process to identify how much support people required or the skills staff would need in order to ensure people's needs would be met during each staffing shift. This did not assure us that suitable staffing levels would be maintained or adjusted promptly when people's conditions changed. The registered manager acknowledged this concern and sent us details after our inspection visit about a dependency scoring tool they would introduce.

The registered manager conducted audits to ensure people had received effective care and that the environment was safe and protected people from avoidable harm as much as possible. Although audits had been carried out regularly there was no formal process to ensure they would continue or enable the provider to check that the registered manager had carried out checks as planned.

People who used the service and staff expressed confidence in the leadership of the care home. One person's relative told us, "It's a welcoming environment". Another person said, "It's warm and very friendly." People were encouraged and supported to express their views about the quality of the service. Staff described an open culture and felt confident they could raise concerns if necessary. Comments from staff included, "I love my job and wouldn't be anywhere else;" "The managers are all approachable, you can talk to any of them at any time" and "We all work well as a team." The provider had a clear vision and set of

values which staff understood. The registered manager told us, "I feel so proud. I have a sense of achievement". We saw staff respected people's decisions and they understood the importance of promoting people's independence.

The provider understood their regulatory responsibilities to the commission. We saw the care home's latest inspection ratings were displayed appropriately and a review of records showed the registered manager had notified us of incidents and events they are required to do so by law. Both the nominated individual and registered manager could explain how they promoted an open and honest culture in line with their duty of candour.

The registered manager had reviewed incidents in order to identify how the service could be improved. This helped to identify if adverse events could be prevented from happening again. However further action was required to identify trends and if specific aspects of the service were at risk of deteriorating. After our inspection visit the registered manager sent us details about how they would address this however further time is required before we can assess the effectiveness of these systems. The registered manager had achieved a recognised training qualification. This meant they had the skills to deliver effective training to staff so they could improve the quality of the care they provided.

People could comment on how they wanted to be supported by a variety of systems which met their communication styles. People's wishes were reflected in their care plans and in improvement plans for the service such as the redecoration of rooms. Staff had meetings with senior staff to express their views and how the service could be improved. However there was no formal plan to ensure these meetings would occur regularly. We saw that the registered manager had taken action in response to staff views such as arranging additional training so staff felt confident to meet people's specific care needs. People and staff had the opportunity to influence and develop the service.

The provider had worked with other agencies to improve the service. We saw they had recently worked with the local authority to review the quality of the care people received. They employed the service of a consultant to undertake regular health and safety inspections of the service. We saw the provider had taken action in response to comments made at these inspections.