Exmouth Care Ltd

Amberwood Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced comprehensive inspection on 30 December 2015 and 5 January 2016. Amberwood Nursing Home is registered to provide personal and nursing care for up to 24 older people. There were 18 people using the service on the first day of our inspection. We last inspected the service in November 2013, at that inspection the service was meeting all of the regulations inspected.

A registered manager was in post who is also registered with the Care Quality Commission (CQC) to manage another home which is qwned by the same provider. 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 said that they had been mentoring the acting manager who would be applying to the Care Quality Commission (CQC) for registration as a joint registered manager in 2016.

Summary of findings

Everyone was positive about the registered manager and acting manager and felt they were approachable and caring. The registered manager and acting manager were very visible at the service, undertook nursing shifts and were very positive role models to the staff.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place. There were sufficient and suitable staff to keep people safe and meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. Staff had the skills and knowledge to meet people's needs.

People were supported to eat and drink enough and maintain a balanced diet. People and visitors were very positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their prescribed medicines on time and in a safe way.

Staff supported people to follow their interests and take part in social activities. A designated activity person was employed by the provider and implemented activities at the service.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives, staff and health professionals. There was a complaints procedure in place and the registered manager had responded to a concern appropriately.

The premises and equipment were managed to keep people safe.

Summary of findings

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 and relatives felt safe at the home. People's risks were assessed and actions taken to reduce them as much as possible.

People were protected because staff understood signs of abuse and were confident concerns reported were investigated and dealt with.

People were supported by enough staff so they could receive care and support at a time convenient for them. There were effective recruitment and selection processes in place.

Accidents and incidents were reported and action was taken to reduce the risks of recurrence.

People received their medicines on time and in a safe way.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by skilled and experienced staff who had regular training. Staff received support with practice through supervision and appraisals.

People were supported to maintain their health and access healthcare services. Staff recognised any deterioration in people's health and sought medical advice appropriately and followed it.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their best interests.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion and their privacy and dignity were respected. Staff were caring, friendly and spoke pleasantly to people; they knew people well.

People and their representatives were actively involved in making decisions about the care, treatment and support they received.

Is the service responsive?

Good

The service was responsive to people's needs.

Care was personalised, staff knew people well, and cared for them as individuals.

A range of activities were available which included organised trips to local attractions. Visitors were encouraged and always given a warm welcome.

Summary of findings

The provider had a complaints process which was on display in the home. People and their relatives felt confident to raise concerns and were supported to do so. Complaints were investigated and appropriately responded to.

Is the service well-led?

Good

The service was well led.

There was a registered manager supported by an acting manager and the culture was open, friendly and welcoming.

People, relatives and staff expressed confidence in the management and said the home was well organised and run.

People's and staff views and suggestions were taken into account to improve the service.

Incidents and accidents had been analysed to see if there were patterns or themes which could be avoided.

The provider had a variety of systems in place to monitor the quality of care provided and made changes and improvements in response to findings.

Amberwood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 30 December 2015 and 5 January 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed information about the service from the Provider Information Return (PIR), and other information we held about the service such as from notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We met most of the people who lived at the service and received feedback from nine people who told us about their experiences and we met and spoke with three visitors to the home.

We spoke with 14 staff, which included nurses, care and support staff, the maintenance manager, the acting manager, the registered manager and the provider. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three professionals; a community nurse; a Parkinson's diseasenurse specialist and the pharmacist.

We looked at the care provided to two people which included their care records and looking at the care they received at the service. We reviewed medicine records of seven people. We looked at three staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, appraisals and quality monitoring audits and information.

Good

Is the service safe?

Our findings

People said they felt safe living at the home and felt confident to raise any concerns with the registered manager or other staff. Comments included, "I am quite happy here, they are lovely girls and take care of me really well" and "I would prefer not to be in a home but can't complain about the care I receive here."

Medicines were managed to ensure people received them safely and on time. Registered nurses administered medicines at the home and had received training and competency assessments to make sure they had the required skills and knowledge. Where people had medicines prescribed to be administered as needed, protocols were in place about when they should be used.

Medicine administration records (MAR) were accurately completed, there were no missed signatures and medicines were signed in each month by the acting manager. A policy for the use of homely remedies such as cough medicine and antacids was in place, which had been agreed with the community pharmacist. Where people needed clinical observations checked before their medicines were administered, (such as by checking their pulse), these were completed.

Medicines were audited regularly and action taken to follow up any discrepancies or gaps in documentation. All medicines were securely stored and all stock entering and leaving the home was accounted for. Room temperatures and those of the medicines refrigerator were monitored to ensure medicines were stored at manufacturer's recommended temperatures. The application of prescribed creams was recorded on a MAR chart with a body map, which identified where on the person they needed to be applied.

A pharmacist had visited the service the week before our inspection and completed a medicine's check. They had raised no significant concerns regarding the management of people's medicines at the service. They had provided the registered manager with new documents to complete when recording homely remedies. The registered manager had taken action by implementing the new homely remedies sheet as advised. The pharmacist team said they had a good relationship with the staff at the home and had been working together to ensure the smooth delivery of the service.

Our observations and discussions with people, relatives and staff showed there were sufficient numbers of staff within the service to keep people safe and meet their needs. Staff worked in an unhurried way and had time to meet people's individual needs. People said they felt there were adequate staff levels to meet their needs promptly. They said, "I am quite happy, there is always someone if you need them"; "Sometimes I might have to wait a few minutes if I ring my bell but not very many minutes." One staff member said, "We don't have to rush; we can always spend time with the residents." The collated results of a resident survey carried out in the summer 2015 recorded, 'Everyone believes that the quality of our care is good and that there are usually/always enough staff available to assist them.'

The registered manager monitored the needs of the people at the home and adjusted the staff levels to meet their needs. They said they had chosen to not have more than 18 people at the home at the time of the inspection, so people's needs were met by the staff available. Staff said extra staff were put on duty when people's needs changed and the workload increased. One staff member said, "Because more residents needed assistance they put on an extra carer." Two staff members gave an example of a period when an extra staff member had been put on duty at night to meet the needs of a person who required additional support.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Staff had police and disclosure and barring checks (DBS) and appropriate references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Checks were made on the first day of each month to ensure nurses working at the home were registered with the Nursing and Midwifery Council.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's mobility, nutrition, pressure damage and falls. People who were identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. Staff

Good

Is the service safe?

completed regular monitoring paperwork called 'intentional rounding' (a structured approach whereby staff conduct checks on people at set times to assess and manage their fundamental care needs). They looked at people's skin to identify any concerns, checked people were comfortable, had drinks and their continence needs were met.

The home was tidy throughout and had a homely atmosphere. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had access to hand washing facilities and used gloves and aprons appropriately. Staff had a cleaning schedule and did a deep clean of each bedroom each month. Housekeeping staff had suitable cleaning materials and equipment. A designated senior staff member had responsibility to ensure all cleaning work was carried out satisfactorily. The laundry room was tidy although small. Soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. Accidents and incidents were reported and reviewed by the registered manager and acting manager to identify ways to reduce risks as much as possible.

The environment was safe and secure for people who used the service, visitors and staff. There was an on-going programme of repairs, maintenance and refurbishment to improve the environment of the home. This included a new call bell system which had been scheduled to be installed and the total refurbishment of a ground floor bedroom. The provider employed a maintenance person and a maintenance manager who oversaw maintenance at both of the provider's services in Exmouth. They undertook regular checks and maintenance of equipment. These included monthly checks of the emergency lighting, water temperatures. They also checked fire extinguishers had not been tampered with. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment in a maintenance file and these were dealt with and signed as completed by the maintenance team. Each month the provider undertook an environmental check of the service and discussed with the maintenance team concerns and work completed.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service.

People were supported by staff who were knowledgeable about their health needs. When staff first came to work at the home, they undertook a period of induction. This included working alongside a designated experienced mentor to get to know people and their care and support needs. All new staff had to undergo a probation period and had their competencies assessed. This ensured they had the right skills and attitudes to work in care before they were given a permanent contract of employment. The provider had introduced the national Skills for Care Certificate, which is a detailed training programme and qualification for newly recruited staff. The registered manager said, "New staff work two weeks supernumerary, then a study day …they do the care certificate if it is their first job in care … and will be supported to undertake NVQs (nationally recognised training) once completed." Senior care staff were being supported to undertake training to further extend their role at the home. This included training in venepuncture (to take blood), wound care, testing people's blood sugar level and blood pressure. The nurses praised the care staff's ability. Comments included; "They are very astute they know what to look for and come up and say would you look at someone." and "Our carers are really good; the newer ones come in and are paired up with a senior, so they learn good care."

Staff received regular one to one supervision with the acting manager and registered manager where they had an opportunity to discuss their practice and identify any further training and support needs. The provider said they also attended some staff supervisions. The registered manager said they had scheduled to undertake all staff annual appraisals in January 2016. Staff were positive about their supervisions and said they felt supported. Comments included, "I have a supervision coming up, it is a chance to get things off my chest… they usually ask if I am alright."; "Supervisions are very useful. (Registered manager) asks if I have any problems, checks I am happy and puts me on courses". The registered manager said, "If staff come to us with any worries or concerns we ask them if we can do it as supervision, which most do, so it is recorded." One staff member said, "Issues would be dealt with thoroughly by (registered manager), staff are supported and given a chance to improve."

People had access to healthcare services for ongoing healthcare support. They were seen regularly by their local GP, and had regular health appointments such as with the dentist, optician, and chiropodist. Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed that advice. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "The staff are responsive, helpful and report problems and ask advice appropriately and professionally. When I make medication changes they are monitored and reported on. The staff know their patients and are prepared to manage difficult behaviours to enable patients to be as mobile and active as possible. I have a number of patients at the home including a very complex … where we have worked together to manage behavioural issues very successfully."

People's consent for day to day care and treatment was sought. Staff demonstrated to us how they supported people with those day to day decisions and choices. One staff member said, "We make sure we discuss it with them, what they want to do and if they haven't got capacity we do it in their best interest." Staff had undertaken training of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and most staff demonstrated a good understanding of how these applied to their practice. Where there were some minor inconsistencies, we discussed these with the registered manager who agreed to address them. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where a person was thought to lack capacity, mental capacity assessments had been undertaken.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. People's liberty was restricted as little as possible for their safety and well-being. For example, a careful assessment was undertaken whenever the use of bedrails or a pressure mat was considered for the person's safety.

Good

Is the service effective?

The registered manager confirmed DoLS applications had been submitted for three people living at the home who were awaiting assessment. The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. It confirmed that if a person lacking capacity to consent to arrangements is subject to continuous supervision and control and not free to leave, they are deprived of their liberty. These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

People were supported to eat and drink enough and maintain a balanced diet. An external company provided meals at the service with a rolling four week menu which took into account people's likes and dislikes. The staff member who managed the food at the service said, "I have the attitude that food is important to the residents, they can have a fried breakfast if they want… one person has a fried egg sandwich every morning with Readybrek and prunes." People were given the option of two meal choices and a staff member went around the previous day to ask their choice. Outside the kitchen hatch there was a sheet to guide staff regarding people's support needs at mealtimes. For example, whether they required a plate guard, liked to wear a protective apron and what assistance they required. People had access to drinks at all times in the main lounge and as part of the night staff duties they had their jugs refreshed in their rooms.

We observed a lunchtime meal and people were very complimentary about the food. People's comments included, "Nothing wrong with the food… very nice."; "Food varied, pretty good on the whole… get a choice of two meals and they usually ask the day before what I want." However people were not able to tell us what the meal or dessert options were. This was because the four week menu on the wall had very small print and did not clearly identify which menu was in use that week. We discussed this with the registered manager who said they would look into ways to keep people informed of the day's meals options.

One person who had not been feeling well had chosen not to have a main meal and staff had provided an alternative of chicken soup and a jelly for dessert, which the person said they had enjoyed.

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented, which is good practice.

In May 2014 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored the highest rating of five, confirming good standards and record keeping in relation to food hygiene had been maintained.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who treated them with warmth and compassion. We spent time talking with people and observing the interactions between them and staff. Staff were kind, friendly and caring towards people and people were seen positively interacting with staff, chatting, laughing and singing. People said they were happy at the home. Comments included, "Very good, I would recommend them, they are very kind and careful"; "Really happy here…I get really good care"; "Girls are ok, I prefer some more than others but very few."

Staff said they felt the care was good at the service. Comments included, "Everyone is so caring, not one person who doesn't want to do it as a job."; "I am happy with everything here, the staff are lovely, the residents are lovely, it is brilliant."; "We are not rushed and have time to spend with the residents."

Staff treated people with dignity and respect when helping them with daily living tasks. Designated staff were dignity champions at the home and worked with people and staff to ensure that the practice in the home always maintained people's dignity. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care.

Staff treated people with kindness and compassion in everything they did. Throughout our visits staff were smiling and respectful in their manner. They greeted people with affection and by their preferred name and people responded positively. The atmosphere at the home was very calm and peaceful. During lunch a staff member supported a person eating their lunch in the lounge. They were discreet and not rushed in their approach and retained eye contact with the person throughout to give them reassurance.

Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. One staff member said, "It works really well here…residents are always offered choices, always asked what they want to do, we work with them to see what they like." Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. Staff said they knew people's preferred routines, such as who liked to get up early, who enjoyed a hot drink at bedtime and a late night chat. They ensured people were given a choice of where they wished to spend their time. The registered manager described how one person liked to get up quite early each day and often had toast at two o'clock in the morning.

People's relatives and friends were able to visit without being unnecessarily restricted. Relatives said they were made to feel welcome when they visited the home. Comments included, "Everyone is very nice here I am always made welcome when I visit."

People's rooms were personalised with their personal possessions, photographs and furniture.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. People confirmed the daily routines were flexible and they were able to make decisions about the times they got up and went to bed; how and where they spent their day and what activities they participated in.

Designated staff were diversity champions and their role was to work with people and staff to ensure people's individuality was maintained. The staff and people had decided that 2016 was the year of culture at the service and intended to celebrate people's individuality, culture and beliefs.

Before people moved to the home an assessment of their needs was completed to ensure the service could meet their needs. The registered manager and/or acting manager would go and meet with people and their families and discuss their care needs and what was important to them. This information was then used to generate care plans to guide staff to know how to provide the care they required when they moved into the home. This ensured people's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support. The care plans covered people's nutritional needs, communication needs, continence, sleep, mobility, personal hygiene, medical history, skin and general appearance.

Care files included personal information about people's health and social care needs. They showed that staff had involved other health and social care professionals when necessary and identified the relevant people involved in people's care, such as their GP, optician and chiropodist.

Care files included information about people's history, likes and dislikes, religious and spiritual beliefs. The staff were looking at introducing new documentation to increase their knowledge further about people's histories and hobbies and important dates. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

Care plans were up to date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, mobility, nutrition, personal hygiene needs. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's needs. People were given the opportunity to be involved in reviewing their care plans, however many chose not to take the opportunity. Staff had completed consent and treatment paperwork and people had been asked if they wanted to be involved in undertaking a review. The registered manager said, "We talk to families if we have the residents consent to do so and a lot have agreed we can include their families. Some families do a formal review every six to eight weeks others just like a chat and an update." One visitor said, "We are having a review next week… we are always kept informed."

People's care plans and risk assessments were reviewed monthly by the nurses and more regularly if people had a change in their needs. Where changes had been made to people's care plans this had been discussed with the person or their nominated relative.

Activities formed an important part of people's lives. A designated activity person referred to at the home as a 'recreational officer' worked at the service. They supported both homes under the provider in Exmouth and had a designated staff member to support them one day a week at Amberwood. People were informed about activities going on at the service, the weather, date and which staff were on duty by a white board in the lounge. A monthly newsletter was also produced to keep people informed of important dates, activities, changes and celebrations at the home. The recreational officer said they had a programme of events planned for 2016. This included planning for the year of culture, where flags of people's countries or counties would be displayed, collecting proverbs and sayings from different areas. The national day in May 2016 for culture and diversity was going to be celebrated by visitors and staff being asked to bring along a plate of food or a recipe from where they lived. They were also were planning four to five outings and external entertainers to come into the home. The recreational officer said they had corresponded with a number of local community organisations to request for volunteers. On the first day of our visit, one volunteer, responding to the requests, visited with their dog and was escorted around the home. People were seen enjoying talking to the lady and patting her dog. However we were told there had been a poor response to the requests. The recreational officer said people had one to one sessions which included reading newspapers, hand

Good

Is the service responsive?

massage and having a chat, “It depends what people want.” The registered manager said they had recently celebrated a couple’s diamond wedding anniversary and a person’s 100th birthday which had been well attended.”

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the nurse, acting manager or registered manager and it would be dealt with straightaway.

The provider had a complaints procedure which made people aware of how they could make a complaint. It also identified outside agencies people could contact which included, the local authority and CQC. However it did not include the government ombudsman and the correct telephone number of CQC. This was highlighted to the registered manager and was amended by the second day of our visit.

The registered manager had received one complaint in the last twelve months. They had responded to the complainant in line with the provider’s policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was experienced and suitably qualified. People and relatives were positive about the registered manager. They said she was approachable and always available if they wanted to talk with her.

The registered manager was supported by an acting manager who was being mentored by the registered manager to take on the role of registered manager. The acting manager said they would be making an application to CQC in 2016 to become joint registered manager at the service. Both the registered manager and acting manager were in day to day charge at the service. They undertook day and night nursing shifts which enabled them to be aware of the atmosphere and culture within the home. Staff were very clear about their roles and responsibilities and were happy to approach the registered manager and acting manager if they had any concerns. Staff comments included, "(registered manager) is easy to approach, very much liked. She encourages us to be the best we can and has a good knowledge and easy to ask her a question, she is very knowledgeable."; "Very good very caring. You can ring at any time if you have any questions they are very knowledgeable" and "(registered manager) doesn't let standards drop."

The provider had a number of quality monitoring systems in use which were used to continually review and improve the service. These included regular environmental checks and audits of medicines, care records and infection control. The provider visited the home at least weekly to speak with people and staff to assure themselves the service was running effectively. The registered manger said "We also regularly sample handwashing is being undertaken, cleaning of mattresses and beds. Housekeeping complete audits regarding the kitchen and housekeeping which includes kitchen equipment and room checks."

As you entered the home the provider's 'patient's charter' was displayed. This included, 'Resident should expect to be encouraged and assisted in maintaining a high quality of life with respect for the resident's individuality.' Staff demonstrated they were passionate about this philosophy and made people the heart of the home.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all of the incident forms regarding people falling. They looked to see if there were any patterns in regards to location or themes. Where they identified any concerns or reoccurrence they took action to find ways so further falls could be avoided. The registered manager said, "I look for trends, look who was involved, if professionals had been contacted and call the falls team if required.

The provider encouraged open communication with people who use the service, those that matter to them and staff. People using the service and their relatives were encouraged to complete an annual satisfaction questionnaire. The provider collated the results of the survey carried out in the summer 2015 and made them available to people and their visitors. The collated results fed back to people action the provider had taken in response to the survey. For example, 'Looking at how recreational activities may provide more resident stimulation and personal time.'

A meeting for people was scheduled every six months. However the registered manager said that very few people attended, so the recreational officer visited people individually to discuss any concerns and to keep them informed about changes at the home.

Staff were asked their views on the service. Staff had completed a staff quality assurance survey in the summer 2015 and the collated results demonstrated the staff were happy working at the service and their suggestions were listened to. One staff member said, "My views are always listened to." The registered manager said they did not have regular whole staff meetings because of poor staff attendance. However meetings had been held for important matters such as a change in pension rules or a proposed change in catering arrangements which had a 90% attendance. Staff had other opportunities to feed back their views. This included 'staff cascade forms' which informed staff about any decisions and asked their views, regular staff supervisions and the registered manager and acting manager working shifts alongside staff. There were regular nurse meetings which included senior care staff. The last meeting in October 15 discussed the new nurse registration requirements, people's care plans and ideas regarding individual people whose needs had changed.

Staff had a staff handover meeting at the changeover of each shift where key information about each person's care

Good

Is the service well-led?

was shared. Staff were also kept up to date about people's requirements by information recorded on a white board. This kept them updated about who required regular monitoring checks and repositioning, dietary requirements and who they needed to complete monitoring charts regarding, dietary and fluid intake and behavioural issues. This meant staff were kept up to date about people's changing needs and risks.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.