Boyack Enterprises Limited

Beaufort Hall 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

Summary of findings

Overall summary

This inspection of Beaufort Hall Nursing Home took place on 22 October 2018 and was unannounced. Beaufort Hall Nursing Home provides, accommodation, nursing and personal care for up to 33 people; some of whom are living with dementia. It is also registered to provide the regulated activity; treatment, disease, disorder and injury. At the time of this inspection there were 26 people living in the service.

At the last inspection in October 2017, the service was rated 'requires improvement' in the areas of safe and well led. At this inspection, we found the service had made improvements under the questions is the service safe and well-led? The service is now rated as good. Beaufort Hall Nursing 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.

People's medication was now well managed by staff that had received training and have been assessed as competent. People were given their medicines in a safe manner.

Quality monitoring procedures were now in place and action was taken where improvements were identified.

There was not a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. However, there was an interim manager in post and a new permanent manager was due to start. 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.

Care plans did not all provide detailed guidance to staff to ensure that people were receiving the appropriate care at all times. People felt safe and staff knew how to respond to possible harm and how to reduce risks to people.

People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practices and to reduce further occurrences. People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service.

People's privacy and dignity was promoted and maintained by staff. People received a caring service as their

needs were met in a considerate manner and staff knew the people they cared for well. People were involved in their care and staff encouraged people's independence as far as practicable. Activities were offered to support people's interests and well-being. Equipment and technology was used to assist people to receive care and support which included the use of call bells.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's confidential records were held securely. Systems were in place to promote and maintain good infection prevention and control.

People received a choice of meals, which they liked, and staff supported them to eat and drink. People were referred to health care professionals as needed and staff followed their advice. The registered manager and staff team worked with other health and social care organisations to make sure that people's care was coordinated and person centred.

Compliments were received about the service and complaints investigated, responded to and resolved where possible to the complainants' satisfaction. Staff worked well with other external health professionals to make sure that peoples end-of-life care was well managed and this helped ensure people could have a dignified death. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result.

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 received their medicines regularly by staff who had been trained and had their competency checked.

Staff had received safeguarding training and were able to demonstrate they knew how to identify potential abuse and to report concerns.

Individual risks to people's health, well-being and or safety had been assessed, and were kept under regular review to ensure risks continued to be managed effectively.

There was a robust recruitment process in place to help ensure people who were employed were suitable to work in this type of service.

People were protected from the risk and spread of infection because there were appropriate systems in place.

Is the service effective?

Good

The service remains safe.

Is the service caring?

Good

The service remains safe.

Is the service responsive?

Good

The service remains safe.

Is the service well-led?

Good

The service was well-led.

There were a range of quality assurance checks undertaken routinely to help ensure that the service provided was of a good quality and appropriate to meet people's needs.
The management team operated an open and inclusive culture which demonstrated people and staff were valued and their views considered.

People and their relatives told us they would recommend the service to anyone requiring care and support.

The management team kept themselves up to date with changes in the care sector and or legislation to ensure their team continued to promote good practice ethics

Beaufort Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 22 October 2018 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor, who was a nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with 12 people and three relatives. We also spoke with the provider, the deputy manager and seven nursing, care or ancillary staff. We looked at care plans and associated records for seven people and records relating to the management of the service. These included seven staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

Good

Is the service safe?

Our findings

At the last inspection in October 2017, we found one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not consistently managed safely. Some people had been prescribed medicines on a PRN (as required) basis. However, there were no related protocols in place. A PRN protocol provides staff administering medicines with information about when and why a person might require additional medicines and any action to take before resorting to medication. We found the management and administration of topical medicines such as creams and lotions was not robust as we saw opened tubes of creams and lotions that had not always been labelled with the date of opening which meant there was a risk that out of date creams and lotions might be used.

At this inspection, we found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the provider's medicine policy. People told us, "My tablets are given to me and they watch me take them" another person said, "I get my tablets the same time every day and its done safely". We observed a medicine administration round with a nurse. They were very knowledgeable about the systems in place at Beaufort Hall, the medicines they were administering and the people whom they administered medicines to. The nurse knocked on people's doors before entering, asked if it was ok to come in and gained consent to administer medicines. However, Beaufort Hall is an old building with narrow corridors and steep stairs. There was one nurse administering medicines which means there could be a risk that medicines cannot always be administered at the time they are needed although the nurse told us that they tried to make specific provision for time specific medicines. The provider explained that they plan to 'train up' care staff to administer medicines which should will alleviate the physical timing problem.

Whilst we found that medicines that were administered on a PRN (as required) basis did now have protocols in place. We found that they needed more person-centred detail to enable staff to follow them correctly. The provider advised that further detail would be added to these protocols when the newly trained staff started to administer medicines.

We looked at topical cream applications and the TMARs. Not all had body map instructions on where to apply creams on people, which is considered best practice. We found gaps in the recording of the administration of people's creams Most them were not being recorded as being administered as instructed on the topical forms. However, on speaking with staff, the creams were administered. Following the inspection, the provider sent us an action plan to resolve the recording shortfalls.

A tin of fluid thickener was not stored safely and was found in the lounge and later in a person's bedroom. The provider assured us that this would be addressed by them following the inspection.

The service had safe arrangements for the ordering, storage and disposal of medicines. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited

appropriately.

One person was self-administering their inhaler. We found that they had been assessed to have capacity and their self-administration was correctly recorded within their care plan. Another person was having their medicines covertly. There was clear evidence of GP and Pharmacy involvement and how to administer it in yoghurt. We also found that transdermal (applied to the skin) patches were clearly recorded with the date required, the date they were removed and site recorded on body maps.

People, relatives and staff told us that Beaufort Hall Nursing Home was a safe place to live. One person told us, "I feel safe the people here are always very helpful, they are approachable and are willing to help me out". A relative told us, "It's wonderful here, [deputy manager] is the best they couldn't do enough for mum, I would never worry about her" another said, "Yes its safe, they have made a big difference for dad as he was toppling over when we think he was reaching down for something so they have given him his own pendent call bell which he wears around his neck, he hasn't fallen since as he calls for help now using his pendent." Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support from other staff and management.

One person said, "We [people] have to wait". One staff said, "At times we could do with more staff. If there are only two staff on each floor it is really hard going and we do not have quality time to spend with people". However, another staff highlighted to us, "I think there are enough staff. The staffing levels have been raised". We were told by deputy manager and a staff member there was on-going recruitment of care staff and a new nurse was doing their induction. On the week of our inspection several staff were on leave. The provider had addressed this in the first instance by offering the remaining staff a higher rate of pay if they covered shifts as overtime. Two agency staff were on shift on the morning of the inspection. This showed that steps had been taken to ensure that sufficient numbers of staff were available to meet people's needs and to keep them safe.

We found on the day of the inspection that staff were not always deployed effectively. For 15 minutes morning and afternoon in ground floor we saw there were no staff in the lounge. We observed an incident where one person felt ill and became upset. Another person also became upset as they knew the person was unwell. We looked for a staff member to help the person but there were none in the area. We pressed the call bell in the lounge. This sounded for around four minutes and still no staff appeared. Eventually we had to go to the main office to inform the deputy manager that a person was not well and that assistance was required. The deputy manager and another staff member then assisted the person. We fed this back to the provider and following the inspection, they sent us information that the newly appointed manager would be looking at how they deployed staff effectively as a priority.

One staff member told us that they were not happy with the cleanliness of the home. They said, "I have just returned from leave and the standard of cleanliness is not good enough. The bins are overflowing and cleaning has not been done properly. I have told the owner about this". We saw that there was a build-up of dust on surfaces in lounges corridors and toilets. For example, tables, the computer and skirting boards. We observed that there were no handwashing facilities for staff in the laundry room. This meant that there was no means for staff to wash their hands if dealing with dirty washing. We observed that the sluice room where utensils that held body waste such as urine were disposed of was situated at the far end of the room where clean linen was stored. This meant that there was a risk that the clean washing could be contaminated by spores in the air, hand touching or spillage. Following the inspection, the provider sent us a detailed plan which included providing separate handwashing facilities in the laundry room, moving the linen from the cupboard near the sluice and ensuring the cleaning rota was adhered to when domestic staff were unavailable.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Gloves and aprons were available for staff to use to prevent infection spread. Antibacterial hand wash was available for people, staff and visitors to use. Throughout the inspection we observed staff wearing these, for example, at meal times and during personal care. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

All staff we spoke with told us that they would report any concerns regarding people's care. One staff told us, "I have had training on abuse and would report anything I was not happy with". Another said, "I have no concerns, no abuse. I would not put up with anything like that. I would report it straight away". One person told us, "The staff are kind. I am not badly treated". Another said, "The staff treat me nicely. Nothing bad at all".

Accident and incident records were all logged, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team, and measures put in place to reduce the likelihood of reoccurrence. One staff told us, "If an incident occurred I must report it, record it and inform the management. Incidents are managed well here. We are always encouraged to log everything. Lessons are learnt and shared". People were supported by staff who understood the risks they faced. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to monitor the person.

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested, hoists were being serviced on the day of the inspection A maintenance person said, "I coordinate all servicing of equipment via our computer system". People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

We received positive feedback about the level of effective care people received. Comments included, "It's excellent, I cannot fault them [staff] they're on top of everything", "They're familiar with all support needs", "Staff all seem extremely competent and willing" and "Staff know [relative] really well.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered provider had submitted the relevant Deprivation of Liberty Safeguard (DoLS) applications to the local authority and Information regarding DoLS were clearly recorded within the necessary care plans. Staff received the appropriate training in relation to MCA and DoLS and understood the importance of complying with the principles which needed to be followed.

During this inspection we checked to see if the registered provider supported staff with supervision, training and learning opportunities. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Staff received regular supervision and they expressed that they felt supported in their roles on a daily basis. Staff were provided with regular training, learning and developmental opportunities. They received training in relation to fire safety, moving and handling, fire evacuation awareness, infection control and food hygiene. Staff we spoke with told us that they attended staff meetings and had staff one to one supervision meetings. However, they could not confirm the frequency of these. One staff member told us, "I feel very supported and know I can get support from the nurses and management. For example, I did not know how to deal with PEG feeds. The deputy manager spent time with me and trained me. I am competent in this now. The deputy manager is very good at supporting us [staff]."

Staff told us about their induction when they started work at the home. This involved, looking at policies and procedures, becoming familiar with the premises and the people who lived at Beaufort Hall and shadowing established staff members. One staff told us that all new staff could complete the Care Certificate. The Care Certificate is a nationally recognised set of induction standards that staff are expected to work too. Beaufort Hall's newsletter dated August 2018 stated, "Congratulations to [staff member's name] for attaining their Care Certificate". Agency staff told us that they had undertaken with the agency all the required training including moving and handling, infection control and safeguarding training. One staff told us that they were doing advanced care training. They told us, "I am well supported by management for my training. I always have been. I have done all of the mandatory training, plus Boots medication training the last week."

We identified that a number of improvements that needed to be made to the environment, however, the provider told us that they had a planned comprehensive refurbishment programme. Staff confirmed this, "Refurbishment programme is planned". For example, we saw that laundry walls had been repainted. The floor had been stripped and "New flooring was to be fitted within the next few weeks". Following the inspection, the provider sent us the updated plan.

Records showed that people were supported by external health care professionals as and when needed. People were supported by GPs, mental health teams, optician and dieticians. We found that records contained some guidance and information that staff needed to be aware of when supporting people with particular needs, however this needed to be more personalised to people and the provider confirmed this would be completed and sent us information following the inspection which verified this had been done.

People's nutritional and hydration support needs were assessed and routinely monitored. The registered provider ensured that different clinical tools were completed by staff and people received the necessary support required. Weight charts were completed accordingly, diet and fluid intake was effectively monitored and appropriate referrals were made to healthcare professionals when needed. For example, in one record we checked we could see that a referral to the speech and language therapist team (SALT) had taken place when a change in a person's support needs had been identified.

We asked people what they thought about the meals, comments included, "The food is good here, the portions are good" another said, "The food isn't great the vegetables are just piled on the plate, but the puddings are good" and "The food is not great I would give it 7/10". We fed this back to the deputy manager and the provider who were both quite surprised at this as they told us they always discuss the food options and choices with people and overall the feedback is positive. Following the inspection, the provider sent us the minutes of a senior management meeting where differently themed food nights were to be held. We observed one member of staff ask a person what their choice was for lunch and tea and when they were asked to repeat the tea options the member of staff huffed when she left the room. We fed this back to the provider and they confirmed that further training had been put in place for staff this member.

During the inspection we observed the quality and standard of food people received. Meals were well presented and people were offered a choice of food during each of the meal times. Staff we spoke with during the inspection were familiar with all specialist diets and the likes and dislikes of people who lived at Beaufort Hall. We noticed that there was no availability of pictorial menus for people to choose their food from. We were informed that this was going to be reviewed and introduced.

Good

Is the service caring?

Our findings

People and their relatives told us that they remained happy with the care provided at Beaufort Hall Nursing Home. One person told us, said "The staff are kind and will help me if I needed it". Relatives comments included "It's wonderful, the care is great there is no neglect, I cannot fault it" and "There is always familiar faces not many agency and there is always someone around to talk to if I have queries" (for example) "the staff know my dad well I was going to buy him some new smaller trousers as he had lost weight but the carer told me he doesn't like them to be tight, I thought this was good and showed they knew him well, he looks smart and presentable when I visit." However, whilst all people stated the staff were caring they did comment that they were busy, "They do look after me but they don't have time to chat as they are busy". We spoke with the deputy manager about this and they told us that the interim manager was looking at how staff were deployed and recruitment. One staff said, "All staff here are kind and caring. That is why I stay here". Another told us, "Staff I worked with today have all been nice to the people. If they had not been I would report them".

Throughout the inspection we observed staff interacting with people in a kind and gentle way. Staff knew people well, called them by their preferred name and took time checking they were comfortable and happy. We observed one person reaching out for support with their hand and staff responded quickly by holding it. The person's body language and expressions indicated that they were enjoying this interaction. We observed people being given emotional support when they required it.

We observed some caring exchanges between people and staff. Staff took time to explain to people what they were doing, for example putting aprons on to support people's dignity, staff informing people what food they were having as it was presented to them and proving caring reassurance to encourage people to eat. One staff member quickly responded to one person saying "I'll help you. Would you like me to help you?".

Residents meetings were held regularly that allowed people to raise any concerns or make suggestions on how staff could provide them with improved support.

People's privacy was respected and staff understood the importance of maintaining people's dignity. For example, when people were supported to move with the use of equipment, staff overall ensured that people's dignity was maintained. However, we observed the transfer of one person from a chair to their wheelchair and this was completed by one staff and one agency staff and was completed without dignity. We spoke with the provider and the deputy manager who told us that the staff would be spoken with and further training arranged.

The deputy manager told us that respecting people's choice and confidentiality was highly promoted with staff. Staff were actively encouraged to gain consent to undertake tasks and to explain to people what they were doing for that person. We looked at care plans to ascertain how staff involved people and their families with their care as much as possible. People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. We saw that care plans included information

about people's background and things that were important to them. People we spoke with couldn't remember if they had seen their care plans but relatives confirmed they had discussion regarding their loved ones' care.

People told us that they could have visitors at any time and this was confirmed by staff. People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the person who lived there.

Good

Is the service responsive?

Our findings

Staff were responsive to people. One person said, "They know me well and keep me informed about what is going on." Relatives we spoke to also told us staff supported people's individual needs. One relative commented, "Staff know [person's name] very well. They know their day to day routine and they support them to do things they want to do each day." Another relative told us of the progress their family member had made since living in the home. They said, "You should have seen [person's name] when they first came. Look at them now. They [staff] have put them back on their feet."

Care files contained some information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

When we asked people about the activities at Beaufort Hall, they told us, "I will get involved in the activities but not many join in so they don't do much", however, another person said, "There are things for us to do. I enjoy a sing along". Staff told us that they thought there was enough going on but not many people joined in. The August 2018 Newsletter highlighted, "People have had a busy time so far with activities in the home. These have included cake making, ice-cream making a breakfast club, visiting entertainers, a beach party on 27 August and a summer fair. Staff told us and the newsletter confirmed that a local charity who specialise in training staff to deliver meaningful activities within nursing and residential homes.

We were told that the activity co-ordinator, who was instrumental in working with the charity was off on maternity leave at present, so staff were taking it in turns to be involved with daily activities. We looked at last week's timetable which included 1 to 1 time with people and then a group activity between 11am –12 and 4pm –5pm, however it did not state what the group activities were. We were also given a list of group activities which included film club, bingo, chair exercises, gardening club and taking people out.

On the day of the inspection, we did not see any group activities taking place, but we did hear a staff member in the lounge asking someone if they wanted to watch Elvis, to which the person responded by nodding their head and giving a thumbs' up, however, the staff could not find the film so proceeded to put Grease on and told the person "I can't find Elvis so its Grease, but its similar". We were showed an art book that one person had been involved in and some clay door numbers that people had made the week before. We were told a church service happens but is not well attended. We saw that Halloween decorations had been put up and we asked if there was an activity around this theme but no-one we spoke with knew. One person told us they had a daily paper delivered and a hairdresser visited on Wednesdays and dogs were welcome in the home to visit.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover and a diary of medical appointments. Relatives we spoke with said communication was good and they were updated with any changes in their family members health.

People and relatives told us they felt able to raise any concerns they may have with staff. One person told us,

"I am happy with everything really. If I was not I would speak with the staff. One relative said "If I had a complaint I could go to anyone and voice my concerns, no I've never needed to complain" another stated "A commode was not emptied when I visited so I went to the office and it was dealt with and cleaned straight up". One staff told us, "If a person or relative raised any issues if it was something small I would deal with it. I would then tell the nurse. If it was more important I would tell the nurse immediately". We saw that the complaints procedure was available throughout the home. We saw where written complaints had been received during the last twelve months, these had been investigated and the supporting documentation showed the progression and conclusion of the complaint.

At the time of the inspection several people were currently being supported on end of life care, and we saw care files included information on advanced decisions to give guidance on the support people wanted to receive at the end of their life. We also saw that staff received end of life care training.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith. The deputy manager advised they were not formally aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) but the home was an inclusive and ant discriminatory environment and all relationships were respected.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017, we found that the provider did not have consistent effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Their auditing processes had not identified that the medicines were not consistently managed safely and that people were not consistently cared for in a safe and clean environment. At this inspection, we found that these had improved. The provider's senior management team regularly monitored the service. A monthly meeting took place. This was attended by the provider, one of the directors, the previous registered manager until they left and now interim manager. At this meeting, key information from the past month was reviewed. This included, medicines errors, accidents, weight monitoring, hospital admissions and infections. In August 2018's meeting, the number of hospital admissions for that month was reviewed. This helped to ensure that the root causes and remedial action required could be agreed, implemented and reviewed. There were systems in place to monitor the overall quality and safety of the service. The interim manager had completed an audit of the service which focussed on monitoring key aspects of quality and safety. This included, staff training, safeguarding, recruitment and staff behaviour.

The provider reviewed their findings with the interim manager to identify strengths and areas which required development. The interim manager was following on up actions identified from their audit around emergency procedures, call bell monitoring and medicines records. This demonstrated there were effective systems in place to identify where improvements could be made. The interim manager planned to carry out other quality assurance audits to monitor the running of the home. These audits would include; medicines, health and safety, infection control, dignity and kitchen hygiene. These would help to assess and maintain quality and safety in the home.

There was not a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous manager had left in August 2018, an interim manager had been in post since September supported by the deputy manager and the newly appointed manager was due to commence employment on the Wednesday following this inspection. The new manager is currently a registered manager at another service.

People told us the deputy manager was approachable. One person said, "She [deputy manager's name] is very good". Another person commented, "The management keeps changing". One relative said "I think a new manager is coming in but I know someone called [name]is doing the job at the moment". Staff told us, "We have had a few managers over the last few years. The manager who is due to start here seems very nice. The interim manager is good and sorted some things. The last manager had reduced staffing levels so much but the interim manager increased then back so it is better. I feel supported". We saw that the provider was onsite and took an active role in the running of the home. During the inspection we saw that they and the deputy manager were very visible to people, their relatives and staff. There was a clear management structure in place and staff were aware of their roles.

Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had just met the requirements of this regulation.

The provider used a range of sources to gain feedback and make improvements. We saw evidence that they held regular residents and staff meetings, where suggestions for changes were encouraged. People were involved in the running of the service. We were told there had been resident/relative meetings. One relative commented "Meal choice improved because of this, salad now gets offered". The relative confirmed that he meeting notes had also been emailed out to them. They also confirmed that questionnaires had been received from the home annually. Another relative said "The home has a calm atmosphere" and "ambience is lovely". We overheard a relative ask staff to their loved ones' funeral. People told us "I would recommend it 8/10" and "I like it, I wouldn't stay if I never". We saw evidence that newsletters were issued throughout year for people and their relatives to gain information. The last newsletter August 2018 informed about new staff, staff awards and activities that had taken place including, toddlers from a local nursery visiting.