RS Care Homes Limited

Rose Farm

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?	Requires Improvement

Summary of findings

Overall summary

We inspected Rose Farm on 29 June 2017. This was an unannounced, responsive inspection, following the receipt of some information of concern. The service is located in the village of Styrrup, in South Yorkshire and is registered to provide accommodation and personal care for up to 54 people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 42 people living at the service.

At our last inspection on 24 November 2016 concerns were identified relating to risk assessments and safety plans, which did not always contain sufficient information and had not been updated to accurately reflect changes. Risks to people were not always sufficiently monitored. Checks on pressure relieving equipment were not documented and some areas of the home and equipment were not clean. We were also concerned that internal quality monitoring systems had failed to identify these shortfalls. However we did not consider these shortfalls constituted a breach of regulations. We asked the provider to take action to address these issues and ensure people were cared for in a way that protected them from risk of harm. At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the 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.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The service was clean, well maintained and readily accessible throughout. There were improved quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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.

Staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A

complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff said they felt supported by the registered manager; however the provision of formal supervision was inconsistent. Quality monitoring systems had not identified shortfalls in care planning documentation. Staff were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made.

Rose Farm

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 was 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.

The inspection took place on 29 June 2017. This was an unannounced, responsive inspection, following the receipt of some information of concern. 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 care service. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with ten people who lived in the home, three relatives and one health care professional. We also spoke with three care workers, the area manager and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

During our previous inspection on 24 November 2016, we found three people's individual risk assessments had not been reviewed following falls and their care plans and risk assessments stated there had been no changes at the monthly reviews. In addition, we found some people had two risk assessments for the same area of care and the results of these were not always consistent. We asked the provider to send us an action plan about they intended to address these shortfalls. At this inspection we found the necessary improvements to risk assessments had been made.

People said they felt safe and comfortable at Rose Farm. One person told us, "I feel safe living here and there are always staff around." They went on to say, "When I buzz for staff in the night they only take two to five minutes." Another person said, "I'm very happy here and couldn't wish for more."

Relatives we spoke with said they felt confident their family members were safe and had no concerns regarding their welfare. One relative told us, "We're very happy and pleased with the girls [staff] here; they are all very caring and they know how to look after their residents. [Family member] has not raised any concerns about night staff and we've never had any worries." Another relative told us, "There always seems to be plenty of staff in the day time though I'm not here at night to tell you how many are on then." They went on to describe how reassured they were and the "peace of mind" they felt, knowing their relative was safe. They told us, "I always go away feeling [family member] is safe and happy."

We saw there was sufficient staff on duty, call bells did not ring for long before they were answered and people did not have to wait for any required help or support. During our observations in communal areas we saw people were not alone for long periods of time without the presence of a staff member and staff were also effectively deployed during handover to help ensure people's safety and welfare.

We spoke with the registered manager who confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare.

Medicines were managed safely and consistently. People and their relatives we spoke with were happy and confident their medicines were handled safely. The registered manger confirmed all senior staff involved in administering medicines had received appropriate training and their competency was regularly assessed. This was supported by training records we were shown. During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. We saw staff were respectful and clear in their approach; they carefully explained what they were doing, knelt down beside the person at the dining table and encouraged them to take their medicine. They then patiently waited with the individual and ensured they had swallowed the liquid or tablet. This demonstrated that medicines were managed and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had

been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw all areas of the service were very clean, well-maintained and easily accessible. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. We saw other risk assessments were in place for moving and handling. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. Risks to people from their associated health conditions were also identified and risk assessed. For example, where people required regular repositioning in order to prevent a pressure ulcer developing, records were in place to evidence the person was being supported to change their position in line with their care plan. Where people required specialist equipment, such as a pressure relieving mattress or mobility aids, this was provided and appropriately recorded in their individual risk assessments.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner. Information relating to safeguarding was clearly displayed, including what actions to take should anyone suspect or witness abuse.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Good

Is the service effective?

Our findings

People received support from staff who had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person said, "The staff here are lovely and they all know what they're doing."
A relative we spoke with told us, "You can see the staff have been well trained; my [family member] is always well looked after." They went on to say, "Everyone seems to know what they are doing at all times – it's all calm and relaxed." Another relative told us, "The staff are well trained and have a good relationship with my [family member] they look after him right well!"

Staff told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Approachable and very supportive." The registered manager ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside (shadowed) more experienced colleagues, until they were deemed competent and they felt confident to work alone.

Training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

We saw staff coming on duty at the beginning of their shift received a 'handover briefing' from the senior staff member that had been on shift in the morning. We observed the handover provided summary information on people's health, appetite and mood and whether there was anything of particular importance staff needed to be aware of.

We also observed staff communicated clearly with people and engaged with them positively. For example, we saw one staff member engaged a person living with dementia in conversation, all the time smiling and using hand gestures to help engage the person. We saw the person enjoyed the interaction with the staff member and smiled back at them.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed there was currently one DoLS authorisations in place and, following individual assessments, a further three applications had been forwarded to the local authority.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. We saw the appropriate documentation, including best interest meetings, was in place to support this.

People's care records contained evidence of the involvement of external healthcare professionals when health concerns were identified, including the district nurse, community psychiatric nurse (CPN) and GP. For example, records showed that advice and support had been sought from a CPN and the GP when one person's mental and physical health had deteriorated. We also saw a GP had been contacted to review a person's possible chest infection and they had prescribed anti-biotics. Another GP had been called to assess a person who had a suspected UTI. One person we spoke with told us, "They [staff] have been very helpful in arranging hospital transport for my appointments." A relative told us, "[Family member] is still under her old GP, which is good." Another relative said, "The manager has rung me a couple of times if there's been a problem. She's organised for a district nurse to come in."

We saw that the home was visited by a chiropodist on a regular basis and that people had access to the optician if required. Records we looked at also showed referrals were made to dieticians and speech and language therapists when identified as required. This demonstrated people were supported to maintain good health and had access to external healthcare professionals when required.

We observed lunchtime in the main dining area and saw people were offered a selection of drinks before and during the meal. We observed staff provided discreet support with eating to people, as necessary. One person required full assistance in eating; the staff member who supported them was kind and considerate and asked, "What do you want next, would you like a bit of egg and mushroom?" The staff member continued to enquire before each mouthful, then asked, "Is that nice?"

People spoke positively about the standard of the meals they received and the choice available. One person told us, "The food here is marvellous and the chef is great." Another person said they had, "No complaints" about the quality of the food provided and described it as, "Best food I've ever had." People's preferences for food were not always recorded in their care plan, however where this was the case the registered manager was able to show us people's known preferences were recorded in the kitchen for staff to refer to. In addition, the kitchen list detailed any special dietary requirements people had, such as a diabetic or modified texture diet. Where people required thickened fluids to reduce risks associated with choking, the amount of thickening powder and the consistency of the fluid required were recorded.

During the day we saw staff used cups with lids for some people's drinks, to help maintain their independence and reduce risks of scalding. We saw staff reduced risks of scalding further by cooling one person's hot drink down to a cooler temperature for them. When the staff member assisted the person to have their drink, they used a napkin to protect their clothes. We heard staff ask people whether they wanted tea or coffee, and whether they wanted any sugar. One member of staff said, "I know you like just a level flat sugar, just to take the edge off," when making a person a coffee. This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Good

Is the service caring?

Our findings

People and their relatives spoke very positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "Everyone is very kind and helpful and I really like living here." Another person said, "I have a good relationship with the staff, there's not one horrible one." A relative told us, "It's just perfect for my [family member]. The staff are lovely and we've had no qualms from day one. [Family member] is well looked after; [family member] is always nice and clean and dressed in clean clothes. We're just so happy, we can't fault it." Another relative said, "I wouldn't move my [family member] anywhere else. They [staff] have always got time to talk and that's how it should be." They went on to say, "I can't give you any negatives at all only positives. Me and my brother are so relieved that [family member] is somewhere nice; we always go away feeling she's safe and happy. We're satisfied and contented – and that sums it up very nicely."

Throughout the day we observed positive and friendly interactions; people were comfortable and relaxed with staff, happily asking for help, as required. . We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff were patient with people, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support.

The registered manager told us people and their families were involved in developing the person's care plan at the time of their admission. Records showed where care plans had been discussed with people and their families and how families continued to be involved in people's care. For example, we saw a family member brought in a person's favourite toiletries for them to use. Relatives we spoke with confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity promoted because the registered manager and staff demonstrated a strong

commitment to providing respectful, compassionate care. The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. Staff told us they always ensured people's privacy and dignity was maintained when providing personal care. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

During our previous inspection we found staff were knowledgeable about people's needs and preferences but that this information, including guidance for staff, was not always appropriately recorded. We asked the provider to send us an action plan detailing how they proposed to address this issue. At this inspection we found more accurate recording systems were in place and the necessary improvements regarding the documenting of information had been implemented.

People received personalised care from staff who were aware of and responsive to, their individual care and support needs. Before moving to the service, a comprehensive assessment is carried out to establish people's individual care and support needs to help ensure any such needs can be met in a structured and consistent manner. People and their relatives spoke very positively about the service and how responsive they felt the registered manager and staff were. One person told us, "When I came in I was told to speak up and say what I needed. I know I can always talk to the staff or [registered manager] and if we want something we only have to mention it and it gets sorted." Another person said, "We wanted a telephone in our room, so we asked for it and it was ok."

Relatives we spoke with described the staff as "helpful" and "easy to talk to" and said they and the registered manager "genuinely listen." One relative told us, "My [family member] has had the same hairdresser for 30 years and she's allowed to come in and do her hair." Another relative said, "The staff know that [Family member] likes pottering about outside and he's helped to grow some tomato plants."

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning and reviewing their care. This was supported by people and relatives we spoke with and documentation we looked at. Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

We saw care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details regarding people's health needs, their likes and dislikes and their individual preferences. They also contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner, in accordance with their identified choices and preferences.

Reviews of people's care were regularly recorded. However we found some inconsistencies regarding the monitoring and recording processes. Individual reviews did not always demonstrate how changes in people's health conditions and the monitoring of those had been considered in the review process. For example, one person's care plan detailed the amount of fluid they should take on a daily basis; however

their daily fluid records were not added up each day to check whether this optimum amount had been achieved. There was also no reference made to their fluid intake in their monthly review. In addition, we found individual reviews did not always record meaningful details. For example a review of one person's communication care plan stated the person's communication had 'deteriorated over recent months'. This same comment appeared on all monthly reviews of the person's communication care plan for the last three years. We saw some relatives had been given opportunity to be involved in the reviews of their family member's care, and although some had declined, it was not always clear who was directly involved in the reviewing process. We discussed the inconsistencies in recording with the registered manager and they assured us this would be addressed as a matter of priority.

People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

The activities coordinator was not on duty on the day of our inspection, however staff seemed to cover this well. There was a quiz going on in one lounge and we observed that staff seemed to know people well and were aware of their life experiences and interests. For example, we saw one staff member encouraged a person to play the piano; which they did and clearly enjoyed. Other people in the lounge also enjoyed listening to this and we saw people tapping their foot along with the rhythm. Conversations then ensued between people and staff regarding what musical instruments they had played growing up and what nursery rhymes they could remember singing to their children. Another person also had a go at playing the piano and there was a cheerful and inclusive atmosphere and shared conversations. This demonstrated the service was responsive to people's needs and they were supported to follow their interests.

People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received. We saw a complaints procedure was on display.

Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received. This demonstrated the service was responsive and sensitive to people's needs.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection on 24 November 2016, we asked the provider to take action to ensure that they were effectively monitoring service provision to identify where improvements were required. During this inspection, we found some improvements had been made, however further action was needed regarding quality monitoring systems to ensure that areas requiring improvement were identified.

Auditing systems had not identified inconsistencies in care records we looked at. We found one person's care plan contained contradictory information. It stated the individual was on a soft diet, however, in addition, it also stated their food was to be cut into small pieces. We discussed this with the registered manager who confirmed the care plan would be amended. Another person's care plan stated they were presenting with some behaviours that challenged. The care plan stated any behaviour that challenged should be monitored. However the registered manager told us no-one at the time of the inspection was presenting with behaviours that challenged and this person's behaviour was not being monitored.

We also found records were inconsistent and did not always accurately monitor the quality and safety of services. For example, one person's care plan stated staff should check their pressure relieving mattress was set to the correct settings; however the correct setting was not recorded. The registered manager told us pressure relieving mattress settings were not recorded and these were set by the District Nurses when they were first provided. This meant staff were unable to effectively monitor pressure relieving mattresses were set at the correct settings for a person, as directed in their individual care plan.

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. One person told us, "I know who the manager is and would speak to them if I needed to." Although the registered manger acknowledged that formal supervision needed to be improved, they assured us this was work in progress. Staff we spoke with were confident in their roles and aware of their responsibilities to the people they supported. They spoke to us about the open and caring culture within the service, and said they would have no hesitation in reporting any concerns. One staff member told us, "The vast majority of staff here are joyful, happy and very caring. And why would you choose a job in care, if you didn't care?" Another member of staff said, "I wouldn't want my gran treated unkindly and everyone here is someone's parent or grandparent." They went on to say, "If I saw anything I wasn't happy with, I would report it straight away to the manager." Staff told us they felt supported by the registered manager, who they described as very approachable. One member of staff told us, "I feel 100% valued and supported here."

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety and medicines management. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection.

The registered manager emphasised the importance of an open and inclusive culture and ensured, wherever practicable, staff were directly involved in contributing towards the development of the service. The area manager confirmed lessons had been learned regarding how the service had recently responded to information of concern. They told us, "With hindsight I know I should have done things differently, but we have learned some valuable lessons. The safety and welfare of people here will always be our number one priority and there can be no room for complacency." They confirmed action taken had included face to face safeguarding training for all staff and the proposed implementation of improved staff supervision arrangements. This demonstrated a positive and continued commitment by the service to protect people, support and value staff and help drive improvements in service provision.