Broadoak Group of Care Homes

St Martins

Inspection report

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Tel: 01159297325

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 January 2017 and was unannounced. St Martins provides accommodation and personal care for up to 21 people with and without dementia. On the day of our inspection 16 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff understood their responsibility to protect people from the risk of abuse and appropriate action was taken in response to any incidents. Risks to people's health and safety were regularly assessed and action taken to reduce the risks.

There were sufficient numbers of staff employed and people's needs were met in a timely manner because staff were organised and well deployed. People received their medicines when they needed them and medicines were stored and recorded appropriately.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS is part of the MCA, which is in place to protect people who lack capacity to make certain decisions because of illness or disability. DoLS protects the rights of such people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. There were systems in place to ensure people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received.

Staff were provided with relevant training, supervision and appraisal. There was a plan in place to ensure any gaps in training provision were rectified. People had access to sufficient quantities of food and drink and told us they enjoyed the food. People had access to a range of healthcare services and staff followed the guidance that was provided.

There were caring and friendly relationships between staff and the people living at St Martins. People were empowered to make day to day decisions about their care and staff respected the choices people made. People were treated with dignity and respect by staff and their right to privacy was upheld.

Staff were aware of people's care needs and provided responsive care. However, people's care plans did not always contain sufficient information about their current support needs. There was a limited range of activities provided which some people felt did not meet their social needs. People told us they would feel comfortable making a complaint to the registered manager.

There was an open and transparent culture at the home, people and staff felt comfortable speaking up if they wanted to. People and staff commented positively on the registered manager, who provided clear and positive leadership. People were able to provide their opinion on the quality of the service they received and their views were acted upon. The registered manager had implemented effective quality monitoring systems which identified areas for improvement and ensured action was taken.

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 were protected from the risk of abuse and risks to their health and safety were well managed.

There were enough staff to meet people's needs and safe recruitment procedures were followed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and supervision.

People were asked for their consent and staff acted in people's best interests where they could not provide consent.

People had access to sufficient food and drink and had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff cared for people in a compassionate manner and there were positive relationships.

People and relatives were supported to be involved in making decisions about their care and people's choices were respected.

People's privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt well cared for and staff provided responsive care. However, people's care plans did not always contain sufficient

information to understand their support needs.

There was a limited range of activities provided which did not meet everybody's social needs.

People felt able to complain and knew how to do so, although feedback had not always been provided about actions taken.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home.

The registered manager provided clear leadership and was well thought of by people and staff.

People were offered different ways of providing their opinion about the quality of the service. Action was taken to bring about any improvements identified.

St Martins

Detailed findings

Background to this inspection

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

This inspection took place on 18 January 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, we asked the provider 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 contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with ten people who were using the service, four relatives, three members of care staff, the registered manager and a representative of the provider. We also observed the way staff cared for people in the communal areas of the building using a recognised tool called the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans for three people and any associated daily records. We also looked at a range of records relating to the running of the service such as medicines administration records and three staff files.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the care home. One person said, "It's alright here, I am definitely safe." The relatives we spoke with also felt that their loved ones were safe living at St Martins. One relative told us, "Some residents are sometimes awkward but they (staff) are patient with them, I have never seen staff snap at them." Another relative confirmed this, "They (staff) calm them down and deal with it very well. There's never any nastiness."

During our visit we observed that the atmosphere in the home was calm and relaxed. We did not see any situations where people became distressed or upset due to the behaviour of other people. Staff had a good understanding of the support they could provide to people should such a situation arise and told us they felt confident in diffusing any incidents. Staff had access to information about how to manage situations where people may be at risk of harm. Staff had sought professional guidance from the dementia outreach team with regards to managing people's individual behaviours to help keep them safe.

The staff we spoke with had a good knowledge of their responsibilities to keep people safe and how they would report any concerns. The provider had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people. Information had been shared with the local authority about incidents which had occurred in the home. We saw that appropriate action had been taken in response to any investigations carried out by the local authority to ensure people were supported to stay safe. Staff and people who used the service had access to information about who to contact at the local authority and were aware of this.

The people we spoke with told us that staff endeavoured to keep them safe and reduce any risks to their health and safety, whilst also encouraging them to be independent and do as much as they could for themselves. One person said, "They've just moved me down to a room on the bottom floor. I'm a bit wobbly on my legs." We confirmed with staff that this person had agreed to move to a downstairs room so that staff could respond more quickly should they need assistance. The relatives we spoke with were also satisfied with the way in which risks were assessed and managed. One relative said, "They encourage people that can be a bit unsteady on their feet to walk as much as they can, but staff are close to them, next to them."

During our visit we observed that staff were mindful of risks to people's health and safety and took the appropriate action to keep people safe. For example, during lunch we saw a person stand up from the table and they appeared slightly unsteady on their feet. We saw a member of staff immediately went to their aid and asked if they were alright whilst offering appropriate support. People who chose to spend most of their time in their rooms had a call bell within their each. One person told us that if they pressed it, "They (staff) come straight to me."

Assessments of various risks were carried out and kept under review, such as the risk of people falling or sustaining pressure damage to their skin. Care plans were then put into place and followed by staff in order to reduce any risks. Staff also ensured that people had any mobility equipment to hand, such as their walking stick. One person sometimes forgot to use their walking frame and staff were vigilant and brought

the person their frame if they had forgotten to use it.

People were cared for in an environment which was well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported by staff and dealt with in a timely manner. Regular safety checks of the building were carried out such as testing of the fire alarm and water temperature checks. Some of the relatives we spoke with felt that the decoration of the home required some updating. The registered manager told us they had reported this to the provider and that redecoration of some areas of the building was scheduled.

The people and relatives we spoke with provided mixed feedback about the staffing levels at the home. One person said, "Yes, there's three in the morning, plus the manager, it seems alright, it's alright for me." One relative commented that staffing levels could be impacted because their loved one required two care staff to provide assistance and personal care. They felt that this could mean other people would have to wait for assistance. Another relative said, "There's no kitchen assistant at tea time so a carer is taken off the floor to do that."

During our visit we observed that the staffing levels were sufficient and that people's needs were met in a timely manner. Staff were assigned various tasks to complete during their shift and we saw that they were deployed appropriately. This ensured that the tasks were carried out and that staff could also respond should anybody need assistance. When bedroom call bells were activated these were responded to immediately. During quieter periods staff spent time completing their records or sitting with people either talking or carrying out an activity. The provider's representative told us that staffing levels were kept under review and could be altered should the occupancy of the home increase or people's needs changed.

The staff we spoke with told us that overall there were sufficient staff to meet people's needs and that they could also take their planned rest days. The registered manager told us they felt there were sufficient staff deployed on each shift. The registered manager had needed to cover some care shifts due to some unplanned sickness, however further recruitment was underway to increase the pool of staff available.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people and relatives we spoke with were satisfied with the way in which medicines were handled and administered. One person told us, "They are very good with my injections and tablets." One relative said, "They do that (manage medicines). I can sleep easier now [my relative] is here." We observed medicines administration being carried out and saw that the member of staff followed appropriate procedures when giving people their medicines.

Medicines were stored securely in a locked trolley. The trolley was also secured in a locked room when it was not in use. People could be assured that their medicines would be ordered in a timely manner as there was an effective system in place for the ordering of medicines to ensure people received these when required. The staff we spoke with had a good knowledge of safe practice regarding handling and administering people's medicines. Staff received the support they required to manage people's medicines safely and this included regular training and competency assessments.

Good

Is the service effective?

Our findings

People were supported by staff who received the support they needed to carry out their duties effectively. The people we spoke with told us they felt staff were trained and competent in their duties. The relatives we spoke with also felt that staff were well trained and supported. One relative told us, "Staff are trained well enough, kept up to date. I think they had a double training session yesterday. I've seen their lifting and handling is ok."

The staff we spoke with told us they received training which was appropriate to their role and felt the quality of the training was good. We saw that the registered manager had developed a programme of training to be delivered at regular points throughout the year. Whilst training records showed that staff had not received all of the training required to fulfil their duties effectively, there was a plan in place for this training to be delivered. We received confirmation that some training had been delivered immediately after our inspection in medicines administration. Training relevant to the needs of people living at St Martins was also provided, such as dementia awareness.

New members of staff received an induction before they began caring for people which involved some basic training and familiarisation with the working practices of St Martins. Inductees also spent some time shadowing more experienced members of staff and getting to know people living at home. The staff we spoke with told us they were supported by the registered manager and felt able to approach them for support. Staff received supervision and records confirmed that they were offered support as well as their performance being discussed. The registered manager was in the process of implementing an annual performance appraisal system so that staff were given longer term objectives to work towards.

People were asked for their consent before any care was provided to them. One person said, "When they are looking after me, cleaning me, they say "Is it alright?" or "Do you mind?"." During our visit we observed staff asking for people's consent before any care or support was provided.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw completed assessments of people's capacity to make decisions were in place, although the outcome of these had not always been clearly recorded. The registered manager was in the process of reviewing and updating all care plans and told us they would also review all MCA assessments and, where necessary, complete a new assessment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were

being met. Relevant applications had been made to the local authority and, where an outcome had been received, this was recorded in the person's care file.

The people we spoke were positive about the quality of the food and told us they were given enough to eat and drink. When asked if they received enough to eat, one person said, "Yes plenty, it's nice. The cook asks me what I like, there is a choice. Today it's chicken, if I didn't like that I could have something else." Another person said, "The food is very good. You get a choice of two or three things. We get enough yes, you can always go back for more." This view was confirmed by another person, who said, "(The food is) not bad at all, you have a choice of what you want. I get enough. Sometimes if I want a bit more I just ask." The relatives we spoke with felt that people received enough to eat and drink, however felt that the choice of food at tea time could be improved upon.

We saw that the mealtime was a pleasant and relaxed occasion and people enjoyed their food. Staff ensured that people received sufficient food and drinks, offering extra portions if people were still hungry. Where people required support to eat this was provided to them in a calm and unhurried manner. One person initially declined to eat anything, however staff offered gentle encouragement as well as giving them space and the person did then eat most of their meal. People were provided with alternative choices where required and specialised diets were catered for, such as soft diets and low sugar alternatives. Choices were presented to people visually and verbally to enable people to decide what they wanted to eat. The staff we spoke with told us people had access to sufficient food and drink as well as snacks in between meals.

The people we spoke with told us they had plenty to drink and a wide choice of different drinks were available to them. One person said, "I drink loads of juice and cups of tea. I've had two already." The relatives we spoke with also confirmed that their loved ones had plenty to drink. One relative said, "There's jugs of juice around and [my relative] gets their cup of coffee and they are on fluid charts so I know they are ok." People were offered a variety of drinks at various points throughout the day. In addition, people could approach the cook or any care staff and request a drink. Staff also ensured that people in their rooms had access to drinks throughout the day.

People told us that they had access to various healthcare professionals and that appointments were made on their behalf as required. People also confirmed that staff contacted emergency services when more urgent assistance was needed. One person said, "I've had a fall. The ambulance came." We were told by staff that this person had been referred to the local falls prevention service. We saw that staff had taken note of the guidance provided in order to reduce the risk of the person having further falls. Another person told us, "I've had three (doctors) over the last three weeks. They come here, the manager calls them. I've been to hospital for my eyes. The manager made the appointment, the date and arranged the transport."

People were supported by staff to access healthcare services such as their doctor, district nurse and optician. For example, staff ensured that people had their eyesight checked on a regular basis. The staff we spoke with told us they arranged appointments for people and would accompany them if necessary to provide support and ensure any information was understood and could be recorded. People's care records also confirmed that staff contacted specialist services for advice as required. For example, one person had been recently referred to the dementia outreach team because staff had noted some deterioration in their mental health. Staff followed any guidance that was provided in order to provide more effective care.

Good

Is the service caring?

Our findings

The people we spoke told us that they were well cared for and that they enjoyed positive, friendly relationships with staff. One person said, "I like it here, I like everything. I like all the staff, everyone is good to me." Another person added, "Staff are really nice and like a bit of fun. They are all really helpful, but if you are down, have a bit of a sad story, they'll listen to you. The staff are more or less friends." The relatives we spoke with told us that their loved ones were well cared for and that staff and people had positive relationships. One relative said, "It's friendly, not too big to be clinical, it's like a home from home." Another relative added, "Brilliant, I've seen bigger, better built places but no relationship between staff and people like there is here." A third relative commented, "(Staff are) fantastic, they are really caring."

During our inspection we observed many positive interactions between staff and the people living at St Martins. It was clear that people were comfortable living at the home and got on well with staff, appreciating when staff took time out to sit and chat with them. Staff also tried to alleviate any distress or loneliness people may have felt by providing reassurance such as holding their hand or giving them a hug. Staff also used opportunities to provide entertainment and amusement for people which we saw that people enjoyed. For example, whilst staff waited for the lunchtime meal to be prepared they started singing and dancing and we saw that people appeared to enjoy this. People also enjoyed friendly banter with staff and this was welcomed by staff. For example, one person jokingly said to a staff member at the end of their shift, "Are you finished already? Don't be late tomorrow." This was taken in good humour by the staff member who enjoyed sharing a joke with the person.

Staff spoke with and about people in a kind and considerate manner and demonstrated that they understood people's personalities well. Where possible, staff spent periods of time talking with people about topics of interest to them. For example, the provider's representative spent approximately thirty minutes talking with one person about the sports they had enjoyed taking part in. In addition, friendship groups had formed amongst some of the people using the service and we saw they enjoyed sitting together and chatting. The care plans we looked at contained information about the way in which people preferred to be supported which matched what staff told us. Religious services were provided on a regular basis, including on the day of our inspection. This was attended and enjoyed by some people.

People told us that they were involved in making decisions about their care and also how they chose to spend their time. People also told us that they could get up and go to bed when they wanted. Those that needed assistance in doing this told us that staff helped them as soon as they asked. One person said, "I go to bed most days at 9 o'clock then watch telly, that's when I want to go, I like it then. They (staff) say I can stay up longer." Another person said, "In the morning they'll come and ask me if I want to get up. I'll say "yes" or "no, I'll wait a bit" and they'll come back later, no problem."

People were involved in making day to day choices such as what clothes they wanted to wear or which area of the home they wanted to sit in. Staff encouraged people's decision making, offering choices and respecting the decisions that people made. There was effective communication by staff which empowered those who may require additional support to make a decision. Staff ensured they made eye contact when

speaking with people and choices were clearly explained or offered visually. Where appropriate, people's relatives were involved in decision making and had provided information for staff about their relation's preferences, likes and dislikes. Relatives told us that they were quickly informed about any incidents or changes to their relation's health.

People were provided with equipment, such as walking aids, to enable them to retain independence. The staff we spoke with described how it was important that they supported people to remain independent and we observed this happen. Information was provided to people about advocacy services and one person had access to an advocate as a condition of a deprivation of their liberty. An advocate is an independent person who can support people to speak up about the care service they receive.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "Staff give me a shave if I'm a bit trembly, I'd miss the place if I had to go somewhere else." When asked if they were treated well, another person told us, "Definitely, especially when they give me a bath and take me to the toilet, they make me feel easy about it." The relatives we spoke with also confirmed that staff provided care in a dignified manner.

We observed that staff were conscientious and considered all aspects of people's dignity. For example, one person had fallen asleep in a chair and their glasses had started to fall off. Staff gently removed the glasses and placed them somewhere safe until they were needed again. Staff ensured that, any people who had glasses and hearing aids, had these with them. This ensured that staff could communicate with them in a more discreet manner about any personal matters. For example, the member of staff responsible for administering medicines whispered when asking people if they required any pain relief.

Staff were mindful of the importance of protecting people's dignity and right to privacy. One member of staff told us that they provided care to the people living at the home as if they were a member of their own family. Staff noticed when people's dignity may have been compromised and took the appropriate action. For example, during lunch one person had spilt some food on themselves. A member of staff helped the person to clean up and offered them a protective apron, which they had previously declined. People had access to different lounge areas or their own bedroom should they require some private time. We saw both areas being used by people during our inspection. Visitors were welcome at any time and many people visited during our inspection.

Requires Improvement

Is the service responsive?

Our findings

People told us they received the care they needed and felt that staff did all they could to provide person-centred care. One person said, "Whatever you want, within reason, they try and get you." The relatives we spoke with provided more mixed feedback about whether staff were able to provide person-centred care. One relative told us, "I get on with all the staff, everything I ask for they try and help. For example, if I come in and [my relative] doesn't look as if they have had a shower I'll mention it and they'll do it." However, two relatives told us their loved ones were not supported to have a bath as often as they would like. The people we spoke with told us they could have a bath or a shower whenever they wanted to. One person confirmed this by saying, "The carers bath me when I want one, mostly on a Friday." Another person added, "I like a bath rather than a shower, you can have one when you like."

During our visit we saw that staff provided responsive and person-centred care as well as ensuring that time specific tasks were carried out. Some people required regular changes of their position in order to protect their skin and staff provided this support as required. Staff also responded quickly when people asked for assistance, for example to use the toilet. Where people were less able to communicate verbally, staff were able to read their body language to understand what they wanted. For example, one person began adjusting their clothing and staff interpreted this as a sign that they might need to use the toilet.

Certain adjustments had been made to enable people to remain as independent as possible. For example, walkways were kept clear and handrails were available for people who liked to walk around the home. Staff also adjusted their approach in communicating with different people. Some people required additional time or explanation to understand what was being said to them and staff accommodated this. However, there was a lack of clear and useful signage to help orientate people around the building. For example, there was limited signage to direct people to the nearest bathroom or the lift. Some signs were placed above eye level so that they may not be visible to all people living at the home.

People had not always been involved in the development and reviewing of their care plan. One person said, "There will be a care plan but my sons will deal with that." The care plans we saw did not always contain evidence of people's involvement in the planning and reviewing of their care. The registered manager acknowledged that people had not always been involved in this process and that people had not always been able to sign their care plans to confirm their agreement to it. People's care plans provided basic information about their needs, however had not always been fully updated when a person's needs had changed. For example, staff had noted changes in one person's mental health but the care plan did not contain information about how this affected the person. In addition, there was no guidance available to staff to help them understand the best ways to support the person when their mental health declined. The registered manager told us they were in the process of rewriting care plans and would update this information. The staff we spoke with told us they found the care plans useful and said that they were provided with any updates during the shift handover.

The people and relatives we spoke with provided mixed feedback about the provision of activities at St Martins. Some people told us that they were not interested in joining in activities. One person said, "I'm not

bothered about any more activities, I'm alright." We were also told, "Sometimes I'm bored. I can't walk, if I could get out more it would be better. In summer I ask them to take me into the garden." Another person who chose to stay in their room acknowledged that there was nothing more staff could do to encourage them to join in any activities. One relative commented, "Nothing, they don't do anything." Another relative said, "The reason I picked this home is because when [my relative] came they loved being outside and it's got a lovely big, safe garden."

The provider did not employ a dedicated member of staff to provide activities at the home. Care staff provided a limited range of activities when time permitted and told us this was usually during the afternoon. During our visit staff offered people the choice of whether they wanted to watch TV or listen to music. During the afternoon, people in one lounge chose to listen to some music and they enjoyed singing along to the songs that were played. A member of staff played a ball game with two people however this appeared limited in its appeal to people. Occasional, seasonal celebrations and parties were organised and people told us they had enjoyed them. For example, there had been a pantomime and party during the Christmas period. External activities and outings were rarely provided due to a lack of available transport for staff to use. Some of the people we spoke with told us that they would like to be able to visit local attractions.

The people we spoke with felt they could raise concerns or make a complaint. One person said, "I have not complained. I've nothing serious to bother about." The relatives we spoke with also told us they felt able to make a complaint to the registered manager. One relative commented, "If I have any concerns it is easy to go to the manager and they sort it out." However, two relatives commented that the concerns they had raised about the standard of decoration across the home had not been responded to by the provider. We saw that the registered manager had passed the comments on to the provider but no response had been given.

The registered manager told us they always made themselves available to speak with people or their relatives should they have any concerns. During our visit we observed that this was the case and people were comfortable speaking with the registered manager and provider's representative. The provider's complaints procedure was displayed prominently in the home in a place that people and relatives had access to. No complaints had been received since our previous inspection so we could not assess how they had been responded to. However, we looked at minutes of meetings held for people using the service and their relatives. These showed that, where any concerns had been raised, the registered manager had either dealt with the matter themselves or referred it on to the provider to deal with.

Good

Is the service well-led?

Our findings

All of the people we spoke with told us that the culture of the St Martins was relaxed and open. One person said, "They are all very nice. They listen to you and if you've any problems they put it right." The relatives we spoke with also affirmed this view, one relative said, "It's a really great atmosphere. It's more of a home than a care home." Another relative commented, "I can talk to the staff, anyone of them really, even the cook."

During our visit we observed that there was a friendly and relaxed atmosphere across the home. Staff enjoyed working at St Martins and worked together well as a team. The staff we spoke with told us they found the registered manager and provider's representative to be approachable. Staff felt there was an open culture in the home and they felt comfortable raising concerns or saying if they had made a mistake. One staff member said, "The atmosphere has really improved with the new manager. I can speak to her about anything really." There were regular staff meetings and we saw that staff were able to contribute their views during these meetings. The registered manager also used meetings to put across clear messages to staff about what was expected of them as well as dealing with any issues.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us the registered manager was approachable and that they spent time in the communal areas of the home. One person said, "I talk to her all the time. She asks all the time, "Are you alright". She's around a lot."

During our visit we observed that the registered manager and provider's representative spent periods of time in the communal areas of the home speaking with people and staff. It was clear that this was a regular occurrence and people responded warmly to the presence of the registered manager. The majority of the staff we spoke with felt that the registered manager provided good leadership and all staff felt that the registered manager was available 'at any time'. There was a clear management structure in place and certain key tasks were delegated to staff, such as ordering medicines. A new staff supervision structure was being implemented at the time of our visit and the registered manager told us they had confidence in senior care staff to implement this successfully.

We received mixed feedback about whether sufficient resources were made available by the provider. One relative told us, "It could do with a bit of a refurb, a bit of money spent on it." A staff member commented, "It was a bit of a battle to get hold of some new curtains for the lounge. We did get them though." We saw that essential items such as personal protective equipment for staff were supplied. However, we saw that funding for longer term projects, such as the redecoration of areas of the home could take longer to be made available. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

People and their relatives were provided with different opportunities to give their opinion of the quality of the service. One person told us about regular 'service user meetings' that were held, "We had one (meeting) last week for residents and relatives that want to come. The manager organises that. They would listen to me but I've nothing to say, everything is alright for me." Another person confirmed this when saying the meetings were, "Pretty regular." They also said, "I do go. They do listen to you."

The registered manager told us, and records confirmed, that monthly meetings were held for people living at the home and relatives. These were well attended and we saw that people were freely able to speak and raise any issues or suggestions they had. The registered manager kept note of any actions that were required and ensured that these were carried out, or passed on to the provider for action. For example, a request had been made for new protective aprons for people to wear at mealtimes and these had been purchased. One relative felt that communication from the provider about longer term building improvement works could be improved upon. People and relatives were also offered the opportunity to complete a satisfaction survey. Recently completed surveys showed that the majority of people who responded were satisfied with the quality of the service provided.

The registered manager had implemented a schedule of audits which were carried out on a monthly basis and they were effective in identifying and bringing about improvements. For example, an audit of people's weights had identified an emerging pattern of weight loss for some people. The registered manager had taken immediate action in alerting people's GPs about the weight loss to ensure that action was taken to support those people. Other audits were carried out in areas such as infection control and medicines administration. The audits had identified some areas for improvement and action had been taken to make improvements. For example, the infection control audit had identified that some curtains required replacement and we noted that this had been carried out.

The provider carried out occasional visits to the home and produced a report which confirmed that their findings were positive. The provider's representative visited the service on a more frequent basis to provide on-going support to the registered manager. The registered manager told us that they felt they could approach the provider for support at any time. Systems were being developed to further understand and manage risks to people and reduce the number of incidents and falls. For example, the registered manager carried out an analysis of the falls and incidents that had happened to try and identify any patterns. This analysis also ensured that appropriate action was being taken to support people on an individual level, for example by ensuring that a referral had been made to the falls prevention team if required.