

Life Style Care plc

Deepdene Care Centre

Inspection report

Hill View
Reigate Road
Dorking
Surrey
RH4 1SY

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Tel: 01306732880

Website: www.lifestylecare.co.uk

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

Deepdene Care Centre is a purpose built care home that provides nursing and personal care for up to 66 people, most of whom may be living with dementia. On the day of our inspection 54 people were living in the home.

This was an unannounced inspection that took place on 7 December 2016.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

We carried out an inspection to this home in October 2015 where we identified five breaches of the HSCA (Regulated Activities) Regulations 2014. This included a lack of clean or well-maintained premises, a failure to following the legal requirements in relation to the Mental Capacity Act (2005), a lack of person-centred care, a lack of training and supervision for staff and a failure to always treat people with dignity and respect. We undertook this fully comprehensive inspection to check that the provider had taken appropriate action to address the concerns we had identified.

People were cared for by a sufficient number of staff. People's needs were responded to in line with their care plan and in a prompt manner. Staff demonstrated a caring attitude towards people. One that showed people respect and made them to feel as though they mattered. The relationships between people and staff were relaxed and friendly.

People felt safe living within the home and where risks had been identified for people or they had experienced accidents or incidents staff took appropriate action. Staff had a good understanding of what they should do if they had any concerns about how people were being cared for and the provider had robust recruitment processes in place to help ensure that only appropriate staff were employed in the home.

People's medicines were managed in a safe way and when people needed to see the doctor or another healthcare professional they were supported to do so. In the event of an emergency people's care would continue with the least disruption possible.

People were given the opportunity to make their own choices and staff followed the legal requirements in relation to consent to ensure people's views had been considered. People told us they enjoyed the food at Deepdene and could have alternative meals if they did not like what was on offer. Where people had specific dietary requirements these were recognised by staff.

People were cared for by staff who were supported by management. They had been given access to all the

necessary training to allow them to carry out their roles competently and they had regular opportunities to meet with their line manager to discuss their performance.

A range of activities took place within the home, although people told us that they would like more opportunity to go on outings. People and their relatives also told us that at times the laundry service within the home was not as good as it could be. The registered manager demonstrated to us they had listened to people and were actively working on ways to improve these two areas.

People's care plans were person-centred and contained information for staff in order that they could provide people with appropriate care. If people were unhappy about any aspect of their care they told us they felt confident they could speak to the registered manager.

The registered manager had good management oversight of the home and knew the people who lived there. She demonstrated a strong desire to continue to improve the service that Deepdene provided and was very responsive to any suggestions or comments we raised with her during our inspection.

Good quality assurance processes were in place to monitor the quality of care provided.

During our inspection we made some recommendations to the registered provider.

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's medicines were managed safely.

People were kept safe because there was an appropriate number of staff deployed in the home. Staff underwent robust recruitment processes before they started to work at Deepdene and staff were knowledgeable about what they should do if they suspected abuse was taking place.

When people had accidents or incidents, action was taken to prevent reoccurrence and risks to people had been identified.

In the event of an emergency or the home having to close people's care would continue with the least disruption possible as there was a contingency plan in place.

Is the service effective?

Good 

The service was effective.

Staff followed the legal requirements of the Mental Capacity Act (2005).

Staff received support and training in order that they could carry out their role in a competent and safe way.

People were provided with a range of foods, which were appropriate to their dietary requirements and preferences.

People were supported to see a healthcare professional when the need arose.

Is the service caring?

Good 

The service was caring.

People were treated with respect by staff. Staff showed people a kind, caring attitude and made them to feel as though they mattered.

People were supported and encouraged to maintain relationships with those who were close to them as visitors were welcomed into the home.

Is the service responsive?

Good ●

The service was responsive.

People had access to a range of activities and could choose whether or not they participated.

Care plans were written in a person-centred way and contained up to date information for staff.

There was a complaints policy in place. Everyone told us they would be comfortable raising any complaints or concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had good management oversight of the home.

People, relatives and staff were all involved in the running of the home.

Robust quality assurance processes were in place to monitor the quality of service provided.

Staff felt supported by the registered manager and felt there was good team work in the home.

Deepdene Care Centre

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 7 December 2016. The inspection team consisted of three inspectors, a clinical specialist advisor 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.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also asked five health and social care professionals for their feedback on the service.

We had 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 reviewed the PIR prior as part of our inspection.

During the inspection we spoke with 13 people, the registered manager, eight staff, 12 relatives and one health care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included six people's care plans, six staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Deepdene Care Centre in October 2015 where we identified five breaches of regulations.

Is the service safe?

Our findings

People told us they felt safe living at Deepdene. One person said, "The staff are very good. I feel safe. I'm the type of person who does get anxious, but I don't here." Another told us, "I feel safe because there are enough staff to check on me." A relative said, "I feel (name) is safe, the building is fit for his purpose, there are plenty of staff and they are well trained. I have peace of mind."

At our inspection in October 2015 we found the premises were unclean and not properly maintained. At this inspection we found action had been taken and all areas of the home were clean. New cleaning schedules were in place and these were monitored by the registered manager. The kitchen, which at our previous inspection, had been found dirty had been deep cleaned. We read in the provider's PIR that an infection control audit of the home was carried out quarterly and we found this to be the case.

Risk assessments were undertaken for people and risks identified, however we found in some instances the information recorded on these could have contained more detail. One person was at risk of self-harming, however there was no further information for staff in relation to this. This same person acted inappropriately towards female staff at times. The staff were aware of the action to take, however there was no risk assessment in place around this. Some people smoked and although we found a risk assessment in place for one person, it was not in another person's care plan. Another person had diabetes and although their care plan noted, 'blood sugars to be taken monthly' and we saw that happened, there was no further information for staff on what they should do if this person's blood sugars fell below a certain level. Immediately following our inspection the registered manager confirmed with us that records in relation to these people had been discussed with staff and risk assessments and the necessary care plans were in place.

Where people were at risk of pressure sores they were provided with appropriate equipment to help reduce that risk. Several people were on air pressure mattresses and we found that staff checked these regularly to ensure they were working and set appropriately. Other people had bed rails in place to keep them safe and staff checked these daily to help ensure they were in good condition. One person was at high risk of falls and there was a care plan for maintaining a safe environment which outlined the measures needed to keep the person safe. There was also evidence this person had been referred to the local falls team and had had a physiotherapy assessment. A relative told us, "My relative has had two emergency episodes when sensor mats have been triggered and they (staff) have responded quickly."

There were a sufficient number of staff deployed to help ensure people received care and support in a prompt and safe way. People told us that staff were available when they needed them. They said staff responded quickly if they used their calls bells. One person told us, "There is always a member of staff around when I need one." This person added, "Staffing is always consistent and I receive care from regular staff that I know." A relative said they felt their family member was safe because, "Of the attitude of staff." Another relative said, "It's never once crossed my mind to get a camera." A third relative told us, "Staffing levels have improved and that helps to keep people safe." A further relative said, "Staffing levels are overall adequate, never seen a shortage or unsafe level of staff."

Staff felt there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. We observed that people's needs were met promptly during our inspection. The registered manager told us that staffing levels never fell below the figure identified as being required by the dependency tool. They said some people required one to one support to meet their needs and keep them safe and as this had been provided consistently it had reduced incidences of these people suffering falls. One person told us, "My walk is more of a stagger and they (staff) hold me and I feel safe." A staff member told us, "You can find time to spend with people and people's behaviours have improved now that there are enough staff." Staff told us if staff called in sick agency staff were brought in. One staff member told us, "We see the same agency staff now."

People were helped to remain safe as staff were aware of their responsibilities in relation to reporting a suspicion of abuse or actual abuse. We read from the provider's PIR that staff were, 'working closely with safeguarding teams, ensuring any incidents are reported in a timely manner and all referrals recorded'. We found in our preparation for the inspection that all safeguarding concerns had been raised appropriately. We also found a safeguarding policy available for staff and staff said whistle-blowing had been discussed at team meetings. One staff member told us, "I don't condone it and it must be reported. I always keep my eye out."

Accidents and incidents relating to people were monitored and action taken to prevent reoccurrence. We noted that where people had suffered falls they had been provided with crash mats, sensor mats or walking aids to support them to reduce the risk of further falls or injury.

People received the medicines they required appropriately. One person required their heart rate checked prior to taking a particular medicine. We noted from their Medicine Administration Record (MAR) chart that staff did this. Everyone we spoke with told us that staff helped them with their medicines and that there were no issues. Some people knew about the medicines they were taking and why they were taking them. One person said, "I take very few (medicines) but I know that one of them is for my bones." Another person said, "There was some issue with oral medication but it's been changed to a patch now and it's okay." A relative said, "They are spot on with my wife's medicines – I did them for years and it's complicated – I've been impressed."

There were good medicines management systems in place. Each floor had its own locked clinical room where medicines and the medicines trolley was stored. Staff took the temperature of this room on a daily basis to help ensure medicines were being stored appropriately. Each person had a MAR chart which contained personal information about the person, together with any allergies they may have. We checked people's MARs and saw they were completed correctly with no gaps or mistakes.

In the event of an emergency staff would try to ensure people's care would continue in the least disrupted way possible. There was a business continuity plan in place which detailed guidance for staff in the event of a fire, flood or the home having to close. A recent fire risk assessment had taken place and staff had received fire training to help them know what to do in that situation. Everyone had their own individual fire evacuation care plan in place. One person said, "I'm on the ground floor and if there's a fire I can get out easily."

People were cared for by staff who had been through a robust recruitment process. One member of staff told us that although they had worked in the home previously as agency staff, they still had to provide references, complete an application form and undertake a Disclosure and Barring Services check (DBS) before they took on a permanent role. One staff member told us they had submitted an application form for their post and attended an interview with a member of management team before being appointed. They

said they had supplied details of referees and had been required to obtain a DBS before starting work. Records we reviewed confirmed what staff had told us.

Is the service effective?

Our findings

At our inspection in October 2015 we found staff were not following the legal requirements of the Mental Capacity Act (2005) (MCA), people's food preferences were not always observed by staff and staff were not receiving an appropriate level of support from their line managers. We found at this inspection the provider had taken action to address our concerns.

People were protected as staff followed the legal requirements in relation to the 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 make 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 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). Where people had other's acting on their behalf staff had involved them in making decisions and we found mental capacity assessments in place for all aspects of care, such as medicines, personal care and nutrition. Where people had restrictions in place, the registered manager had made appropriate DoLS applications. A staff member told us, "Residents need to be able to make their own decisions, even if they are the wrong ones. But we have to help them." Another said, "People need to be assessed regarding their capacity and best interest meetings need to take place. If their actions are against their best interests you can consider a DoLS application if you believe that you are restricting them."

People's comments about the food provided at Deepdene was generally good and people told us they were provided with a choice. One person said, "If I don't like something, I just ask them to do me something else and they always will. If I have a comment about the food I ask to see the chef and he comes to see me." We saw this happen at lunchtime when one person wished to give positive feedback to the chef. Another person told us, "The food is dreamy and the reason that I stay." A third person said, "Food is okay and I like eating in the dining room." Relatives were equally as complimentary about the food. One relative said, "Dad loves his food here and has put on weight." Another told us, "When my mother came she would only eat sausages – they got her some very nice sausages and they have worked to increase her diet and she is eating more variety now."

During lunch time people were offered visual choices of meals to help them choose what they wished to eat. Where people were unable to make a choice, staff through their knowledge of the person, provided them with the meal they felt they would enjoy the most. People were supported to eat at a nice pace and staff allowed people time to chew their food. Staff offered to cut meals up for people when they needed. There was a relaxed and pleasant atmosphere with staff chatting to people during lunch. We observed people who ate in their rooms were provided with their meals promptly and if they required support to eat staff provided this in a caring skilled way. Staff positioned themselves appropriately, seated opposite the person, and supported the person at their own pace. They interacted positively with people, encouraging them to eat

and drink.

We noted that the provider had written in their PIR, 'we ensure that all residents have an eating and drinking care plan in place that includes a nutritional risk assessment that identifies any risks associated with poor nutrition, difficulty in swallowing and dehydration' and we found this to be the case. Where people were at risk of malnutrition food and fluid charts were put in place. One person was refusing to eat and had lost some weight. We noted 'commence food and fluid charts' was written in their care plan and saw these had been put into place. This person had also been referred to the Speech and Language Therapy team. A relative told us staff were trying to support their family member to gain weight as they were reluctant to eat. They told us, "They are giving him fortified foods and keep trying to get him to eat." Another relative said, "I see him eating snacks, his weight is really being managed. He has put on weight since he has been here." A staff member told us, "We have food charts for people, we monitor their food intake and we weigh them. We look at their appearance as their weight loss could be down to them being ill."

Staff were aware of people's dietary requirements, likes and dislikes as well as any nutritional risks people may have. One person was at risk of choking and their nutrition care plan contained guidance about how their food should be prepared to help reduce this risk. Where people were unable to eat certain foods due to the medicines they were on, this was clearly recorded in their care plan. For example, in relation to one person who was not meant to eat grapefruit.

People were cared for by staff who had undergone an induction and training programme. A staff member told us that although they had previously worked in the home as agency staff, once they commenced as a permanent member of staff they went through the formal Life Style induction and training process. Another member of staff who was not a care worker told us they went through all the same training modules. Staff told us shadowing had enabled them to become familiar with people's needs and their preferences about their care. Staff attended all elements of core training which included health and safety and infection control. They also said they attended regular refresher sessions in all areas. Qualified staff had competency assessments carried out annually by one of the home's trainers. This included the management and administration of medicines. One staff member told us, "The induction was very thorough. Shadowing was very useful." Another staff member said, "I love working here. I had not worked in care before but they gave me all the training and support I needed." A relative said, "I feel staff have a good knowledge over his diabetes. I give 5* over their care of this." Another told us, "Staff are very competent, fine-tuned, do the job well."

Staff received support from their line managers and had the opportunity to meet with them on a regular basis. They said they were given feedback on their performance at these meetings and asked about training needs. A staff member told us, "I feel very well supported by the manager and the nurses. I have had an appraisal and have regular supervisions." Another told us they felt supported by the nurses. A third said, "The management are brilliant, they are very approachable. They are all helpful if you need anything. The support is very good."

People were supported to access the services of healthcare professionals should they have a need to. Appointments with healthcare professionals and their outcomes were recorded on people's care plans. Records demonstrated that people saw healthcare professionals regularly, such as the doctor, specialist nurse and hospital specialist. A relative told us, "Mum has a broken tooth and I have asked for them to arrange for her to see a dentist." A second relative said, "If staff have any concerns they refer her to the GP." A third told us, "Mum's speech deteriorated and they contact the GP to review her medication."

Is the service caring?

Our findings

We asked people for their views on the staff at Deepdene. One person told us, "The staff are very good. They are friendly and caring. They treat me with respect." Another said, "I like the staff. I'm good friends with a lot of them." A third person said, "The staff are very good, they all do their very best. They go out of their way to help us." Another person told us, "There are a lot of staff and they are nice." One relative said, "I'm very appreciative of him being looked after. They (staff) are all very friendly and they speak to him." They added, "He seems more relaxed now." Another relative told us, "The staff show care and respect. They are always courteous." A third told us, "The staff are delightful and all lovely to her."

At our inspection in October 2015, we found people were not always treated with respect by staff. We did not have any similar concerns during this inspection.

People were cared for by staff who knew them. One staff member described the way one person indicated they wished to use the bathroom. They told us, "If he calls out, help, help I don't hang around." Another was able to tell us about people's dietary needs. One person gave us the name of two care staff in particular that they liked talking to about their time abroad. A relative said, "Staff understand his dementia, he's less agitated and that keeps him safe."

People were treated by staff who really cared for them. This was evident from the point of arriving at the home. We saw one member of staff ensure the volume on the stereo was not too loud for people. Another member of staff, whilst supporting someone to drink, said, "It's nice and warm. Would you like anything else? Let me get you a biscuit." When one person was trying to stand up, a member of staff showed patience towards them and said, "Ready, steady, up. There you go – oh, well done." Another member of staff gently rubbed the back of someone's head who responded by kissing the staff members hand and a staff member approached someone and kissed them on the cheek because they had asked them to. A relative said, "Staff have a good rapport with the residents, sunny demeanour and really positive. The carers genuinely care for the residents." Another told us, "They approach him in a caring way, they treat him so well. They go above the call of duty." A third relative said, "The staff have always been good, they have been marvellous. Staff are caring, it's the way they talk and look at her. When she hears their voices she recognises them and smiles."

People's rooms were personalised and they were able to furnish them with items that meant something to them. People living on the top floor had newly decorated rooms which were bright, clean and airy. A staff member told us, "I want to make people feel like it's their own home. That's why we encourage family to furnish their family members rooms so everywhere they look there is something that reminds them of their own home."

People's privacy was respected by staff. One person had their cardigan buttons done up incorrectly. A staff member approach the person whilst they were walking down the corridor and discreetly re-buttoned their cardigan. Another person had gone to the toilet and a staff member ensured the door was closed and waited outside. A relative said, "Staff arrange people's clothes nicely. They put a necklace on mum and jewellery is matching (which means a lot to mum)." Another told us, "They (staff) treat her with respect. Staff

ask me to wait outside when they are dressing her." A staff member told us, "We need to ensure people are getting good quality care whether someone is watching you or not."

Staff were attentive to people's needs. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing care. We noted one person started to rise from their chair. A staff member was immediately at their side and said, "We'll get a wheelchair and help you" which they did. When people were being given their hot drinks in the afternoon a staff member checked whether or not one person was cold and wished the window closed. One person was constantly seeking assurance from staff that they were around and staffed showed great patience and attention towards them. Another person spoke with a senior member of staff and the staff member stooped down onto their knees and gently rubbed the person's hand as they spoke with them.

People were supported to maintain relationships with those close to them. Visiting was unrestricted and visitors were made welcome in the home. Some relatives had the front door entry code and they found that useful. Staff appeared to know relatives and be on good terms with regular visitors. One relative said, "I have been invited to come on Christmas day so that I can share the day with my wife." Another told us, "Staff offer me a coffee every time I come, they always ask if I'm alright."

Is the service responsive?

Our findings

We asked people if there was enough going on for them in Deepdene. One person said, "We go out for a pub lunch, a few of us, once every couple of weeks." A relative said, "My relative has settled and seems to have some activities. People being around keeps him occupied." Another relative said, "They put a DVD on in mum's room. They put a musical on and make sure the subtitles are on. A further told us, "I feel there are quite a few activities." A fourth relative told us, "Even though he doesn't want to join in the staff do try to entertain him."

During the morning we observed staff encouraging people to dance or sway to music. Staff were dancing and singing along and they were creating a jolly atmosphere for people. Some people who appeared disengaged to begin with started to respond to staff. Throughout the day we saw staff sitting with people looking through photograph albums or books and discussing pictures with people. One resident was very interested in birds and we saw a member of staff sharing a book about birds with them. Another used to be a nurse and they had a photograph album of their former years which staff looked through and discussed with them. We heard one person being asked by staff if they had enjoyed their visit to church.

The registered manager told us their full time activities co-ordinator post was vacant at the time of our inspection but interviews were scheduled for the following week. However they and staff did not feel this would have an immediate impact on people as staff were used to holding 'butterfly' time at 11:00 and 15:00 when they would stop what they were doing and spend time with people. We saw this happen in the morning. A staff member told us, "The activities co-ordinator planned things for us to do with people which was a good way of doing things, rather than them doing it all themselves."

Improvements had been made to the top floor of the home where most people living with dementia lived. The entire floor had just been decorated. Sensory items were going to be placed on the walls and areas of interest were planned. There was a sensory lounge set up with a bird's cage, an indoor garden with real plants and a cookery station. We saw staff encourage people into this room. One relative said, "I feel they (staff) understand dementia by the activities they offer."

We received comments on a lack of outings and people told us they wished they could go out more. One person said they wanted to go on trips and that was the most important thing to them, but there were not enough opportunities to do this. Another person told us, "I don't join in on the activities; I can't. I'd like to go out more." A third person said, "I'd just like to get out for a breath of fresh air and a change of scenery." A fourth person told us, "There are not enough outings. I get bored just watching television." Another person said, "I just wish I could go out sometimes, but I'm not allowed to." A relative told us, "Outings have all but stopped." We spoke with the registered manager about this at the end of the inspection who assured us that outings regularly took place, but these were done on a rotational basis, so people may not always get the opportunity to participate. They did tell us however that people on the top floor of the home had maybe not had the same opportunity as others to go out.

We recommend the registered provider ensures that everyone, whichever floor, has the opportunity to take

trips out of the home whenever possible.

People had a pre-assessment drawn up for them prior to moving into the home to help ensure that Deepdene could meet their needs. These assessments were used as the basis of the person's care plan. We read the pre-assessment covered areas such as a person's health needs, communication, risks and nutritional requirements.

Care plans were written in a person-centred way and contained detailed information for staff. Where one person had diabetes, guidance was in place for staff on how to manage this. Other people had information relating to their communication or behaviours as well as their life history, likes and dislikes. Information included in care plans meant staff would respond appropriately if a person's needs changed. One person was at risk of chest infections and we noted their care plan recorded, 'if he has shortness of breath, call the GP'.

When people's needs changed their care plan was reviewed and updated to reflect their latest care requirements. Staff told us they always attended a handover before starting their shifts. They said handovers were always given by the registered nurse completing their shift. They said handover meetings were used to discuss any changes in people's needs or people who were unwell and may need increased monitoring.

One person told us, "I know my care plan because I've told them what I want to happen with my care. My daughter's got a copy too." Another relative told us they had been through their family member's care plan with a senior staff member. A third relative said, "They went through a care plan and I think that they (staff) have tried to understand my father and his wife."

There was a complaints policy available for people. This was available to them in their service user guide contained in their room. The policy detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. A staff member told us if someone wished to complain they would support them to speak to the nurse in charge. None of the people we spoke with had made a complaint but all told us they would feel comfortable raising concerns if they were dissatisfied. We checked the complaints records and found that any complaints received had been investigated and responded to appropriately. A relative said, "The manageress is visible and if I had any complaints I'd go straight to her." Another told us, "I wasn't happy about something. I raised it with the manager and they met me and apologised. They have now updated the care plan."

We found the registered manager had received several compliments. These included, 'thank you and all your wonderful staff for the care, understanding and patience' and, 'we always felt confident his needs were being met'.

Is the service well-led?

Our findings

We received positive feedback on the management at Deepdene. One person told us, "I think the senior staff are always open and happy to listen to you." Another said, "The manager is around and approachable." A relative told us, "Since (the registered manager) has taken over it's so much better." A second relative said, "She's in the best place possible. In the past 12-18 months there has been a dramatic improvement." Another relative said, "Overall the manager is very good. She has put the icing and the cherry on the top (of the cake). She has a nice way with people, an authority and good rapport with staff. This is demonstrated in the staff demeanour."

The registered manager was keen to ensure the quality of the service was good and people lived in an appropriate environment. During our inspection we highlighted areas that required attention to the registered manager, rather than waiting until feedback at the end of the day. The registered manager responded immediately to anything we raised with her. For example, we found a toilet that was broken and a dirty light pull. One person's crash mat was split and people's wheelchairs were dirty. All of these concerns were addressed before we left the building.

Good quality assurance processes were in place to help ensure the quality of the service provided. Medicines audits took place monthly and the provider carried out a bi-monthly audit to the home which covered notifications, the environment, care plans and complaints. The last audit showed a 'green' rating for the home. The actions identified were listed as 'corrective and preventative action' and the registered manager worked through these so they could be signed off by the regional director at the next audit. Legionella audits were carried out and risk assessments completed in relation to items that may be hazardous to people living in the home.

Staff told us they felt there was good team work in the home and they were supported by the registered manager. One staff member said, "We try to be happy all the time and create an atmosphere of love for people." Another staff member told us, "I'm happy working here." Another said, "We are a team." A staff member said, "(The registered manager) is fantastic. The place is calm now and you can walk into her office at any time. She has made our work easier."

Staff had the opportunity to get involved in the running of the home as regular staff meetings were held. There was evidence that staff at all levels met regularly to discuss the needs of people they cared for. General staff meetings took place approximately every three months and were chaired by the registered manager. Notes of staff meetings showed that the registered manager used these forums to discuss topics such as new admissions, teamwork and whistle-blowing. The notes also made clear that the registered manager had encouraged staff to voice their opinions about the home and how improvements could be made. A staff member told us they felt able to speak up during meetings and, "Have my say." Another told us, "We have staff meetings every month, the manager tells us how we are doing and the level of confidence she has in us."

The registered manager had good management oversight of the home. Each day the registered manager

met with unit managers to discuss any changes in people's needs and to plan care accordingly. Notes of these meetings demonstrated that the registered manager discussed new admissions, staff sickness to be covered and people who were unwell or required additional care and support. Registered nurses also met as a group on a regular basis to discuss topics such as medicines management and comments and improvements identified by clinical audits.

The provider's PIR stated, 'the senior management of the home actively encourages staff, residents, relatives and visitors to raise any issues of concern and uses such feedback to improve the service'. People were given the opportunity to raise any suggestions on how to improve the quality of the service provided in the home. One person told us trips out had been requested by people but these had not happened. We spoke with the registered manager about this who told us that external outings were arranged but they were aware this was an area that needed further work and they were looking to increase the number of outings taking place. Another person told us, "I do speak up if I'm not happy about something." A satisfaction survey was carried out to give both people and relative's the opportunity to leave anonymous feedback. We read from the results of the survey that 81% of the responses showed that people were happy with the overall view of the home.

Relatives also had opportunities to give their views about the home at regular meetings. Notes of these meetings demonstrated that the registered manager updated relatives about the refurbishment of the home, staff recruitment, CQC inspections and the results of the recent satisfaction survey. However, some of the issues raised by relatives at previous meetings had not been addressed at the time of our inspection. Several relatives had raised concerns about the home's laundry service. One relative told us, "Laundry is an on-going issue. All his clothing is labelled but still things go missing. It's a poor system and always brought up at meetings but nothing seems to change." Another told us, "I do attend the relatives meetings and I get the minutes. They do seem to listen and explain why something can't happen or they do it. Laundry comes up – it's not bad." A third relative said, "Relative's meetings are advertised in the lift and we get emails about general things. I'd be happy to raise anything with a senior member of staff. They are always happy to listen. I get the feeling from reading about things in the past that they are trying harder." We spoke with the registered manager about the laundry issues at the end of the inspection and they were able to demonstrate to us that they were actively working on different ways to improve the service people received.

We noted from the results of the most recent satisfaction survey that of the 27 forms completed, over 66% felt happy with the laundry service provided.

We recommend the registered provider ensures that steps are taken wherever possible to respond any concerns or suggestions people or their relatives have.