

Minster Care Management Limited

Karam Court Care Home

Inspection report

Mallin Street
Highbury Road
Smethwick
West Midlands
B66 1QX

Tel: 01215588007

Date of inspection visit:
12 January 2017

Date of publication:
14 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 January 2017 and was unannounced. At our last inspection in December 2015 we found that the provider 'required improvement' in two questions, namely safe and well-led and was found to be 'good' the remaining three questions effective, caring and responsive.

Karam Court Care Home provides accommodation and personal care for up to 47 people with a range of conditions related to old age which may include dementia. There were 41 people living at the service at the time of our inspection.

There was a registered manager in post. 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.

People were supported by staff who were aware of their responsibilities when it came to keeping people safe from harm. Where safeguarding concerns had been raised they had been responded to and acted upon appropriately. Staff were aware of the risks to people on a daily basis and how to manage those risks.

Staffing levels were regularly assessed and staff deployed across the home to ensure people's care needs were effectively met. Systems were in place to ensure people received their medication safely and effectively.

Staff were provided with induction and training which ensured they had the knowledge and skills they required to carry out their roles and responsibilities. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice.

People were supported to have sufficient to eat and drink and maintain a healthy diet. People were offered choices at mealtimes and where assistance with eating their meals was required; this was done discreetly and respectfully. People were supported to access healthcare services in a timely manner to ensure their healthcare needs were met.

People had warm, positive relationships with staff who they described as 'kind' and 'caring'. People felt listened to and were supported to make their own decisions about their care, treatment and support. People's privacy was respected and they were treated with dignity and respect.

Systems were in place to ensure people received personalised care that was responsive to their needs. Staff were aware of what was important to people, their likes and dislikes and how to respond to them appropriately if they became distressed or upset.

There were a variety of activities taking place for people to enjoy and participate in and people were encouraged to provide feedback on the quality of the service provided. Where complaints had been received, they were investigated in line with the home's complaints procedure and where appropriate, lessons were learnt.

People considered the service to be well led and were complimentary of the registered manager and the staff group as a whole. The registered manager had a clear vision for the service and the staff group were clearly on board with this. Staff were motivated and enjoyed their work.

Audits were being used to identify areas for improvement across the service and the registered manager continually strived to improve her learning for the benefit of the people living at the home.

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.

Staff were aware of the risks to people on a daily basis and how to safeguard them from harm.

Staffing levels were regularly assessed and staff safely recruited.

People were supported to receive their medication safely and effectively.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received induction and training that provided them with the skills required to care for people effectively.

Staff understood the principles of the Mental Capacity Act 2005 and the impact of this on people's daily lives.

People were supported to have sufficient to eat and drink and to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who listened to them and were described as 'kind, caring and compassionate'.

People were supported to make their own decisions on a daily basis and were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and received personalised care that was responsive to their needs.

People were supported to participate in a variety of activities that were of interest to them.

Where complaints had been received, they were responded to and acted upon appropriately.

Is the service well-led?

Good ●

The service was well led.

People were complimentary about the registered manager and staff group and considered the home to be well led.

The registered manager had taken on board the finds of the last inspection and had worked hard to drive improvement across the home.

The provider ensured audits were taking place regularly to assess the quality of the service provided.

Karam Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 January 2017 and was unannounced. The inspection was carried out by one inspector 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.

The provider completed 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 information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with five people who lived at the service and three relatives. We spoke with the registered manager, the area manager, three members of staff, the administrator and the cook.

We used 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 to us.

We reviewed a range of documents and records including the care records of four people using the service, five medication administration records, two staff files, accident and incident records, training records, complaints, surveys and quality audits.

Is the service safe?

Our findings

At our previous inspection, we found some gaps in people's medication records which meant we could not be confident that people had received their medication. At this inspection, we saw a number of improvements had been made in respect of the recording, administering and auditing of medication, including details as to how people wished to take their medication. We saw that the registered manager had introduced daily audits and twice weekly observations of staff administering medication and staff spoken with confirmed this. The registered manager told us, "I've been mixing it up so staff don't get complacent". We also saw on display in the medication room, various examples of completed MARS [Medication Administration Records] in order to guide staff in the correct completion of these records. The provider told us in their PIR that they intended to train more staff to administer medication and we saw evidence of this. We saw that classroom based medication training for staff was also in place as well as additional training which had been sought for staff to complete online. The registered manager told us, "Different people learn in different ways and their score comes through to me". For those people who received their medication covertly, we saw authorised records were in place from their GP and this risk was managed by trying to get people to take their medication first, before resorting to administering it covertly.

We observed that medication was stored and secured safely. We looked at the medication administration records for five people. We saw that the amount of medication given tallied with what was in stock. For those people who required their medication to be administered 'as and when required', protocols were in place providing staff with details of the circumstances in which these medications should be administered. We observed that people were supported to safely take their medication. One person told us, "They give me my tablets twice a day. I don't take many but I can't always remember. The girls [staff] wait until they're all gone".

One person told us, "Ooooh yes I am safe of course I am. There's always someone to help you if you want help. The girls [staff] are kind and help me with my wash in the morning and the food is very tasty" and another person said, "I feel totally safe and I know what it's like to not feel safe". A relative said, "Mom was for ever trying to escape from the other place but she's happy and occupied here. She can move around here freely and I don't worry like I use to that she will get out onto the road because she is free but safe in a locked building. The staff are just amazing here. They know my mom better than me really now" and another relative said, "Oh yes, [person's name] is definitely safe".

Staff we spoke with were aware of their responsibilities to report any safeguarding concerns they may have and told us they had received training in how to recognise any potential signs of abuse. One member of staff told us, "If I saw something, I would speak to the senior immediately, write down everything and I know the manager would follow it up". Another member of staff described a safeguarding concern that had previously been raised by staff and how it had been managed and investigated by the registered manager and we saw evidence of this.

People were supported by staff who were aware of the risks to them on a daily basis. Staff were able to provide us with details as to how they managed those risks, not only to the individuals they supported but

also were aware of the risks in the general environment. People moved freely around the home and staff were aware of this and the risks to people. A member of staff said, "I need to think about it [risks] all the time, if I go into a room and see a chair in the middle, or something on the floor, I will do something about it straight away". We saw where accidents or incidents had taken place; these were reported and acted on appropriately and analysed for any trends.

Relatives told us they thought there were enough staff available to keep people safe. Comments from relatives were; "There is enough staff, I think so. There is always someone about, as soon as the buzzer goes within ten seconds someone is there. They react right away", "Yes there's always enough staff, even at the weekend, which didn't happen where [person's name] was before. I've never had a problem at all. They [the staff] are all very kind to my [relative] and so gentle with him" and "Yes, there are always plenty of staff around and nothing is too much trouble for them they are really pleasant and know exactly what makes my mom tick". Staff were visible on every floor and throughout the day we did not see anyone without staff nearby or close to hand. For example one person walked into the lounge which was fully occupied. Unexpectedly and unannounced, they tried to sit on the sofa that was already full, assuming there was space for them. Staff in the area were instantly alert to this and calmly walked over to them and said, "Here you are [person's name], there's a chair here" and brought a chair from the quiet area and placed it behind the person so that they could join in the chatting which was taking place in the lounge where tea, sandwiches and biscuits were being served. The person then stood back up hugged and kissed the staff member and told her they loved her.

We saw that there was a dependency tool that was regularly reviewed to ensure the appropriate numbers of staff were available at all times. Staff were allocated to work across the building which meant they knew all the people in the home and how to respond to them and meet their needs. Throughout the day some people were observed to use the lift and travel up and down the floors unrestricted and were welcomed, acknowledged and greeted on each floor by staff as they approached them. We observed that staff were constantly busy, but in an organised way and the shift ran seamlessly.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this.

Is the service effective?

Our findings

We received many positive comments from people when asked what it was like to live in the home, such as; "I do like it here, yes, I'm very happy with everything", "The staff are really nice and helpful" and "I like this place altogether. The girls[staff] here are the best thing of all. They [staff] talk to me. They make me feel happy all the time".

People told us they considered staff to be well trained and knew how to support their loved ones. One relative told us, "We're very happy, we've no complaints, we haven't got a problem with the care and we've just been looking at the food and it's like a hotel!" Another relative said, "Goodness me, yes they [staff] must have lots of training. You can tell they know their stuff". Staff told us they considered themselves to be well trained. One member of staff had been given the responsibility of being the manual handling trainer for all staff in the home. She explained how she shared her learning with colleagues and observed their practice to ensure they were supporting people safely and effectively. She provided an example of where she had shared some particular learning with staff, which had proved very useful, adding, "It's the little things that make all the difference". Staff told us they felt supported by the registered manager and received regular supervision and an annual appraisal and we saw evidence of this.

We saw that there was a training matrix in place which enabled the registered manager to identify when staff required refresher training and staff were notified in good time to ensure their training did not run out and was up to date.

People were supported by staff who received an induction that provided them with the information and support they required to meet the needs of the people living in the home. They told us that they were supported by their colleagues during their induction and regularly asked if they were ok with their learning and understanding. A member of staff described how they shadowed more experienced colleagues during their induction in order to gain more knowledge about the people they would be supporting. They told us, "After I completed my induction, I was told the manager wanted to see me, I was worried at first but then she told me they were very happy with me and confident that I would do well. I was so pleased". Arrangements were in place to ensure that any new staff to the home completed the Care Certificate as part of their initial induction. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

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 interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if staff were supporting people in line with the MCA and DoLS and we found that they were.

Staff spoken with had received training in this area and had a good understanding of the subject and what it meant for the people they supported. We noted in people's care records that their consent was sought and their level of capacity to make decisions had been considered throughout the assessment process and in the planning of their care. Staff were aware of who had a DoLS authorisation in place and there were systems in place to ensure authorisations would be applied for in a timely manner. We saw where DoLS were in place, best interests meetings had taken place and the correct applications had been completed. We observed staff routinely obtaining people's consent prior to supporting them. A member of staff described how they supported one person with their personal care, adding, "I couldn't do anything without getting their permission".

We saw that people were supported to have sufficient to eat and drink and maintain a balanced diet. We spoke with the cook who was aware of people's dietary needs and likes and dislikes. The provider told us in their PIR that menus were provided that catered for a variety of cultural diets and preferences, including Asian, Caribbean, English and vegetarian menu choices and we saw evidence of this. We saw that there was a whiteboard in the kitchen that was kept up to date with people's dietary needs, for example those people who were diabetic or required their food to be pureed. The cook confirmed that they were kept up to date with any changes in people's dietary needs in a timely manner.

We observed lunchtime and people told us they enjoyed their meal. One person told us, "Yes I enjoyed it. It was lovely but it's always very nice" and another person said, "Yes it's lovely the food here. Always very tasty and a lot of variety you know". We observed that mealtimes were calm and organised. People were either supported to their preferred tables or chose where they wanted to sit. People were offered a choice of drinks, staff offered people, "Tea, coffee, juice, lemonade or whatever you fancy" and chatted with everyone in the room as they came and went. People were offered the choice of wearing a clothes protector at mealtimes and people's choice to wear one or not was respected. We saw that meal choices were offered on the spot, staff explained to people what was for lunch and presented them with both plated meals to enable them to make their choice [this included people who were eating lunch in their rooms]. Gravy and condiments were offered as a choice and people were asked whether they wanted to put their own gravy on their meal or for the staff to do it for them. We saw for those people who required it, plate guards were in place for people who only used cutlery in one hand.

We observed that for those people who required some assistance or encouragement with their eating, that this was provided. Staff sat next to people and chatted with them. We saw staff giving people plenty of verbal encouragement, such as, "Oohh this smells nice, it's mash and steak. Do you want me to give you a hand with it?" Care staff were seen to be gentle, patient and respectful when supporting people at mealtimes.

People were supported to maintain good health. Staff were aware of people's day to day needs and how to support people effectively. A relative commented that the staff at the home knew their loved one so well, they were able to tell if they weren't well and provided us with examples of how staff had ensured their relative received the medical attention they needed in a timely manner. They told us, "If [person's name] isn't her normal self they realise soon enough and keep an eye on her and they always tell us". They described how their relative had been taken to the hospital and a carer stayed with her the whole time. Another relative told us, "If mum is at all off colour, the staff will ring me and tell me and get the doctor. They see the GP every few months just as routine but they always call the doctor if they are at all concerned. The staff are brilliant like that". We saw where people's care needs changed; appropriate advice was sought and acted upon. A relative described how staff had responded to their loved one's particular needs. They told us, "The girls [staff] noticed that [person's name] was struggling to work out how to walk sometimes so they [staff] arranged for him to be considered for a walker. We are waiting for an assessment now. The staff spend

time walking with him and listening to him. I can't thank them enough for the difference they have made to his life. And mine too. I have nothing but praise for them".

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring and we witnessed many kind, compassionate and spontaneous exchanges between people living at the home and the staff who supported them. One relative told us, "The staff are so very kind. All of the time. They're so good to my mom. She loves them and plainly is very settled and happy here. Even the domestic staff look out for the people here. They all know my mom really well and her likes and dislikes. I couldn't find a bad thing to say, at all". Another relative said, "The staff are brilliant here. They sit and chat with [relative] and she loves to dance. They have a little dance with her to her music if she's in her room. She doesn't seem to be restless anymore. I think it's because there's always something going on and other people and staff around here".

We observed staff taking their time to talk to people, there was lots of general chit chat between staff and people which was good humoured and indicated that staff knew people they cared for well. During lunchtime, we observed a member of staff constantly reassure one person who was slightly distressed. The member of staff spoke softly and calmly, maintaining eye contact and gently touching the person's hand. It was evident that the way they responded to the person's distress helped to calm and reassure them.

We saw that people living at the home had a wide range of issues and care needs. We observed that a high number of people's verbal skills and cognitive abilities were compromised. However, it was clear that staff knew people well and made great effort and used any means possible to communicate with people in ways which were meaningful. We observed that people were encouraged where possible, to maintain some levels of independence and a relative commented, "They [staff] do try and encourage her to do things for herself".

Families told us they could visit at any time and were always made to feel welcome in the home. We saw that the foyer area of the home was bright and welcoming and we observed a number of relatives sitting there before and after visiting and it appeared to be used as a contemplative area. One relative told us, "I usually sit here for a few minutes after I've visited my [relative] just to gather my thoughts before I leave. [Relative] barely recognises me now and sometimes I sit here with one of the staff or the manager and have a chat. They are really supportive and have helped me a lot with how I feel about my relative's deterioration".

We saw many examples of staff treating people with dignity and respect. A relative commented, "Oh yes, they [staff] care alright. They [staff] always listen to what my husband wants and respect his choices. They [staff] listen to him and respect his decision. If he doesn't want a wash then they [staff] don't make him, you know. They're not like that. They [staff] just chat and chat and sometimes he changes his mind because he's forgotten to be grumpy. At the end of the day they [staff] treat him as if he's human. They [staff] are so kind". Another relative commented, "They [staff] have had a lot of training about treating people with dignity and about dementia. That's clear anyway because they know exactly what to do to help [person's name]. She's always smiling".

A member of staff described how they maintained a person's dignity. They told us, "Sometimes people don't realise and sit with their legs wide open, I will cover their legs with a blanket, or try to pull their skirt down.

It's very important as they aren't fully aware of what they are doing, but we need to respect their dignity". A relative commented, "Staff are definitely respectful they treat everyone with respect".

We observed that people's individuality and choices when it came to what they wore, were respected. One person told us she loved to read fashion magazines and we observed on two occasions care staff discussing make up and nail varnish with her. Her relative told us, "The girls [staff] help her choose and put on her make up each day. They know that she likes to look nice so they help her. I feel so happy when I come to visit and see her done up with all her lips and nails done".

The provider told us in their PIR that they had access to Sandwell Advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. We were told that no one in the home currently required the services of an advocate, although other people had used this service in the past. The registered manager confirmed that if someone required the services of an advocate, they would be supported to use this service.

Is the service responsive?

Our findings

We saw that people were involved in the development of their care plans and how they wished to be supported. From our observations people's care needs were delivered according to their individual needs and wishes. Care plans held details such as people's likes, dislikes and life history information and were regularly reviewed. One relative told us, "We have meetings to look at mom's care needs every few months as well so there are a lot of opportunities to put things right if needed. It's lovely here though; I have no worries at all".

We observed that staff knew the people they supported well. For example, when discussing a particular person and how they liked to move around the home, staff described how they supported this person and any distraction techniques they may need to use with them. We spoke to different members of staff and they all clearly knew how to support this person to remain safe and have independence and choice. One relative described to us how staff responded to their loved one, they told us, "They [staff] come down to her level. They know that sometimes if a fresh face comes on the scene, she will respond. She can be very awkward when she wants to be, but the staff are really good with her and talk to her".

We observed on three specific occasions where a person who was prone to outbursts of verbal aggression throughout the day was diverted or reassured and we observed staff responding very quickly and quietly with gentle touch and quiet words, referring to the person respectfully and offering comfort. We saw one person sitting in the lounge who started shouting out unprovoked. We observed staff approach them, singing to them as they went. The person clearly enjoyed this, smiled and laughed then joined in, hugging the member of staff when she squatted down next to the person's chair. This totally distracted the person and diffused the situation. On another occasion, another person, whilst going through the rummage boxes, became agitated as she thought she had forgotten about an imaginary christening that was taking place. We saw the staff member put an arm round her shoulder and told her she had indeed planned it for next week and not to worry. The staff member then asked all the other people in the room if they were coming to the christening and what they were wearing. This engaged the whole lounge and provided a feeling of inclusivity for them all as well as distracting, diverting and reassuring the previously distressed person.

The home was a hive of activity and held a companionable buzz about it; some people were watching TV, some reading a newspaper and some moving around and listening to or chatting with staff or each other. We saw that a variety of activities took place in the home and there was something for everyone. One person told us, "I like it here. We go out sometimes and I like going out. We have been to see the animals" [referring to a recent visit to West Midlands Safari Park]. There were numerous items on hand around the home such as rummage boxes, dolls and soft toys to distract and occupy busy minds and hands. In all areas people were seen to use the boxes, tactile boards and the quiet sitting areas freely. Magazines, newspapers and books were plentiful in all sitting areas and people were observed in all areas to use these and also pass them on to each other and chatting about what they contained.

We observed a weekly exercise class that took place. We saw from people's anticipation that they were looking forward to the class. We observed 11 people taking part and it was clear all enjoyed themselves and

we saw lots of smiles. One person who did not want to join in the activity, sat on the side lines, but enjoyed the experience and counted in along with everyone else who was participating. The registered manager told us, "[Person's name] – if we pushed him into the centre it wouldn't be right. He likes singing along, he's really enjoying himself". This activity took place in the morning and was a focal point for discussion before and after. People enjoyed a cup of tea and a biscuit afterwards and told us they felt they had earned it.

The activity coordinator was on leave for the week during our inspection, but this did not prevent activities taking place. We saw there was lots of information on display regarding weekly activities, including making cakes, going out, participating in games and quizzes and music sessions. One person told us, "I enjoy the exercise sessions here and the music sessions. I love it here. There's always something to do or someone to talk to".

We observed that the environment made it easier for people to orientate themselves and move around their home safely without getting lost. Easy to read and dementia friendly signage directed people to toilets, lifts and other floors. People's rooms were clearly identifiable with photos and their names. Noticeboards were present throughout the home and displayed pictures of daily activities, the day and date, season and weather. There were wall and mantle clocks all around the home helping to orientate people living with dementia into day and time. There were also quiet areas in the home for people to go to if they needed them. There was a room on the ground floor set out as a fully functioning pub/bar and some people were observed to take items from the rummage boxes and sit in the bar and chat with themselves or each other. One member of staff told us that they had recently had a 'function' in the bar where volunteers from the Prince's Trust had provided a buffet and bingo/fun afternoon. There had also recently been a 90th birthday function, complete with entertainment and dancing, in this area. The registered manager showed us some of the photos of these events which were being placed in an album for people to look through with the staff.

It appeared that staff had worked hard to create a dementia friendly and homely environment and it was good to hear them talk about stimulating colours and display a knowledge of the impact of the environment on dementia.

The registered manager told us that relatives meetings were arranged, but people declined to attend and a relative commented, "I don't think enough relatives bothered to come really, I wouldn't like it anyway and if I wasn't happy with something I'd say so".

People told us they were happy with the care received and had no complaints, but were confident that if they did raise a concern, that it would be dealt with appropriately and to their satisfaction. A relative said, "I have no complaints. We get questionnaires about what we think, what we like and don't like. Every year. If I wasn't happy with something though I'd say so". We saw where complaints had been received, they had been responded to and acted on and where necessary, actions were taken.

The provider told us in their PIR that quality assurance questionnaires were completed on a six monthly basis and sent to people living at the home, families, staff and visiting professionals. Copies of the outcomes of these questionnaires, including any actions taken as a result of the findings, were on display in the foyer of the home.

Is the service well-led?

Our findings

Since the last inspection, the registered manager had introduced a number of audits and observations of staff practice to ensure the safe administration of medicines. We discussed these and other changes which had been introduced and the positive effect this had had on care delivery. The registered manager told us since the last inspection she had reflected on her role and responsibilities as manager and had introduced a number of changes in her practice. She told us, "I've done it and still maintain a good relationship with staff. It's about learning how to supervise people and tell them where they need to change and where they are doing well". A relative commented to us that they had noticed a number of positive changes in the home in the last 12 months and they felt that the staff respected the registered manager more and another relative said, "The manager has made a big difference to this place. She pops in to see mom and other people every day and she's very approachable. I know I can talk to her about anything if I need to.

We observed that the registered manager knew people well and they knew her. A relative told us, "[Registered manager's name] is nice, if there is a problem it gets addressed. I've got confidence in her. I think she is good and has time for everybody", adding, "I don't think there's anything to improve on, I'm quite happy with how it is". Staff told us they felt supported and were confident that if they raised any concerns, they would be listened to and dealt with appropriately. Staff meetings took place on a regular basis and provided staff with the opportunity to discuss or raise any issues they may have. Staff were complimentary about the registered manager and provided us with a number of examples where support was offered. One member of staff said, "[Registered manager's name] is fine, she is lovely and approachable". We saw there were clear lines of responsibility across the home and staff were aware of these. We saw that staff worked well together and were supportive of one another.

We saw that there was a culture of caring for staff and supporting them through any issues or concerns they may have. Staff told us that the registered manager was extremely supportive and how much they appreciated this. One member of staff told us, "I appreciate everything [registered manager's name] and my colleagues have done for me. I come to work and I am happy and that is good for the residents".

We saw that there was an open and transparent culture in the home. Every person working in the home played a part in creating an environment that was caring and homely. We observed that the registered manager led by example and staff followed suit, there was lots of laughter in the home between people living there and staff and visitors. Staff knew people well and it was clear they shared warm caring relationships with the people they supported.

The registered manager made efforts to connect with the community and to bring new people into the home. We saw that a visit had recently taken place from representatives of the local Healthwatch group [Healthwatch are an independent organisation whose purpose is to give local people and communities a strong and influential voice in health and care. The registered manager told us she had found their visit helpful and informative. We saw that connections had been made with the Prince's Trust [a charity providing support and guidance for young people] which had resulted initially in one of the dining rooms being redecorated. Following this the Trust arranged to spend an afternoon with people at the home. The

registered manager told us, "It was wonderful, they bought in hot food and cakes and played bingo and even bought their own bingo prizes. The residents loved it".

We saw that efforts were made to obtain feedback from people on how the service was run and how it could be improved. The registered manager told us she was keen to get people's feedback on the care they received and added, "You can't put something right unless you know it's wrong". A relative told us, "We have a questionnaire to fill in each year. A quality one. But you can talk to all the staff. There's never any problem about talking to them about anything. They have helped me such a lot with my husband". We saw that questionnaires had recently been completed and returned and were waiting to be analysed for any actions to be taken. The registered manager told us she was considering introducing pictorial questionnaires and changing some of the wording to provide more people with the opportunity to provide feedback on the service.

We saw that there were a number of audits in place to assess the quality of the service provided. The area manager conducted her own regular audits of the service and worked closely with the registered manager to address any areas of action that were required. The registered manager told us, "The audits are best at spotting things before they become a problem; we are using lots of different methods". Where audits had highlighted areas for improvement, action plans were in place. We observed that the registered manager conducted regular walkabouts in the home during the day and she told us that staff joked that she wore 'soft shoes' so that they weren't alerted to her approaching.

The provider told us in their PIR that there were plans in place to appoint a deputy to support the registered manager and staff group. We saw that this work was ongoing and the role had been advertised. The registered manager told us she felt well supported by her area manager who was in regular contact and offered both guidance and support. We observed that the registered manager and area manager had a good working relationship and were in regular contact. The registered manager told us, "[Area manager's name] rings weekly and we provide a report of where things are".

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.