Barchester Healthcare Homes Limited

Appletree Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 21 March 2017. The service was last inspected in May 2016 and a requirement notice was issued as the service had not always kept people safe. Improvements had been made since our last inspection to keep people safe and ensure staff responded consistently to emergencies.

Appletree Grange is a 32 bed care home that provides personal care to older people and people with a dementia related condition. Nursing care is not provided. There were 32 people living there at time of 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.

The home was warm, clean and had comfortable communal areas inside and outside. People, relatives and staff told us the bedrooms and internal communal areas were small. There were sufficient numbers of staff, with the required skills to meet the needs of the people living there.

People or their relatives told us they felt safe, and were being cared for by staff who knew them as individuals. Staff told us they knew how to raise concerns and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Appletree Grange and the home was always welcoming and had a homely atmosphere.

Risks to people, such as from malnutrition and skin integrity issues, were assessed and care plans were in place to protect people from harm. Where people's needs changed, referrals were made for health care services and any advice from professionals was integrated into people's care plans.

Staff were trained and managed so that they could work flexibly with different people and were deployed so that at peak times there was sufficient staffing in place. Staff were flexible throughout the day to meet the needs of people, for example ensuring support for people at mealtimes.

People's medicines were managed safely; stock control and ordering were managed by trained staff with checks of staff competency to ensure that the risk of errors were minimised. Audits were carried out regularly to ensure that any errors would be quickly identified.

Care was effective and people received care based on best practice and the advice of external professionals. Care plans were detailed and personalised. People's consent to receive care was sought, where this was possible. Where people could not consent, their care was delivered in their best interests after consultation with relevant people and professionals.

There were a number of people subject to Deprivation of Liberty Safeguards (DoLS) and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals were requested promptly.

Staff were recruited robustly and received training based on the needs of people using the service including dementia awareness. Staff had undergone an induction period and their mandatory training was up to date.

People were supported to eat and drink and maintain a healthy diet. Staff supported people at mealtimes in a dignified way. The service monitored people's weights and took further action if needed. Visiting health care professionals told us the care and support offered was effective.

Care interactions observed were positive and there were good relationships between people and staff. All the staff we spoke with knew people's needs well and spoke about them in a positive way. People and their families were encouraged to express their views and to be involved in making decisions about their care and support. There was evidence of people's involvement in their pre-admission assessments and reviews of care, as well as through meetings and feedback surveys.

People's choices and rights were respected. Staff knocked on doors before entering, offered people choices and responded to promptly to their requests. People were encouraged to be part of their community and continue relationships and activities that were important to them.

Where people had complained or raised queries about the service, the registered manager responded positively and people were satisfied with the outcomes. Compliments were recorded and any feedback given to individual staff.

Throughout our visit we observed staff and people responded to each other in a positive way. People were engaged in some activity with support and staff spent time with people as they were carrying out their duties.

The registered manager had taken steps to ensure the service was run effectively. There were routine and daily meetings between teams within the home and sharing of information. Regular quality audits were conducted and action was taken where incidents occurred or improvements could be made.

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 knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment information demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well and staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received support from senior staff to ensure they carried out their roles effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink to maintain their wellbeing where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions. Where people were deprived of their liberty this was in their best interests and reflected in their care plans.

Is the service caring?

Good

The service was caring.

Care was provided by staff who understood people's needs. People could make choices about how they wished to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide peoples care in a dignified manner and respected their rights to privacy and choice.

The staff knew the care and support needs of people well and took an interest in people, their families and friends to provide individual care.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. Reviews of care were made in response to changes in need, requests from people using the service and following external professionals' advice.

People who used the service and visitors were supported to take part in activities. The activities co-ordinator had developed activities for people in the service, including those with dementia related conditions.

People and relatives could raise any concerns and felt confident these would be addressed promptly.

Is the service well-led?

Good

The service was well- led.

The home had a long established registered manager who provided leadership. There were systems to make sure the staff learned from events such as accidents and incidents. This helped reduce risks to people who used the service and for the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required. People were able to comment on the service provided to influence service delivery.

People, relatives and staff all felt the manager was caring, responsive and approachable.

Appletree Grange

Detailed findings

Background to this inspection

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

This inspection took place on 21 March 2017 and was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by an adult social care inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the visit we spoke with eight staff including catering, housekeeping and the registered manager, two people who used the service and six relatives or visitors. We also spoke to an external healthcare professional before the inspection. Observations were carried out over a mealtime and a medicines round was observed. 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 with us.

Four care records were reviewed as were five medicines records and the staff training matrix. Other records reviewed included complaints records, five staff recruitment/induction and training files and staff meeting minutes. We also examined accident incident records, internal audits and the maintenance records for the home.

The internal and external communal rooms and garden areas were viewed as were the kitchen and both dining areas, offices, storage and laundry areas and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

At our last inspection we found issues relating to where the service did not respond appropriately to an emergency. We issued a requirement notice to the provider.

At this inspection we found that learning had taken place following this incident, that staff had been re-trained where required and that the process to respond to such emergencies had been reviewed and practices changed. The registered manager had been supported by their senior manager in responding to the complaint by the family of the person affected and they had taken steps to ensure such events were managed appropriately in future.

Relatives of people we spoke to told us they thought the service kept their family members safe. One relative commented; "My [relative] was having lots of falls at home but staff are really understanding of their individual needs and take the appropriate steps to ensure their absolute safety. There is a buzzer in their room if they need help too." Another told us; "The staff pick up everything, for example my [relative] had a poorly chest, and they were onto the symptoms straight away and got some anti-biotics straight away." Another relative added that "My [relative] is in very safe place and I know that when I go home I have a clear conscious that he is in a good place and safe. I have no concerns whatsoever."

The service had appropriate systems in place to protect people from harm. The provider had a safeguarding adult's policy and procedure which informed staff of the actions to take should they have any concerns about anyone living at the home. Staff received safeguarding training which was refreshed on a three yearly basis. Following advice from the local authority safeguarding was regularly discussed with people using the service and staff members. Staff were aware of their roles and responsibilities for protecting people from harm. Staff were able to describe to us how they would respond to possible safeguarding issues. Staff also told us that if they had any issues or concerns about people's safety or wellbeing they could raise those with a senior staff member to the registered manager and they had confidence action would be taken.

Risks to people, staff and visitors continued to be assessed and action taken to manage identified risks. Risks assessments were kept under review and updated where necessary. We saw that risk assessments and care plans reflected people's current and changing needs and guided staff how to keep people safe. For example learning had been taken from people's falls, or where they refused care and support regularly. One relative told us how the service made changes to their family members care plan to keep them safe in bed. They told us "Adaptations include pressure pads, lowered bed, a pad on the floor, so [relative] should be safe should they move during the night. I don't have any concerns about my [relatives] safety." Each person had a personal evacuation plan in place in case of an emergency evacuation of the service and the service undertook regular drills for such possible events. One evacuation plan needed updating. We brought this to the registered manager's attention who agreed to update this immediately.

The registered manager and maintenance staff undertook regular checks within the service to ensure the environment was safe. Maintenance records were kept and we observed that the building was clean, tidy and well maintained. We spoke with housekeeping staff and they told us there were schedules in place to

make sure all areas of the service were kept clean during the week. When we highlighted issues to staff they took immediate action. Staff wore suitable protective clothing when they were cleaning. People and their relatives told us the service was kept clean and tidy and the laundry service was quick. Records confirmed that equipment checks were undertaken regularly and safety equipment within the home, such as fire extinguishers and hoists, were also regularly checked.

The registered manager reviewed each incident that occurred in the service, including near misses. This helped identify any trends and we saw that action was taken to prevent re-occurrence wherever possible.

Staffing levels were based on the dependency levels of people living in the home and were reviewed on a regular basis or as people's needs changed to ensure they remained appropriate. The registered manager regularly updated the provider's dependency tool and we saw the service was always staffed in line with this. During the inspection we observed staff were not rushed in their interactions with people and call bells were answered promptly. We observed that staff spent time with people, speaking to them at length and offering support where required. People we spoke with felt there were sufficient staff to safely meet their needs. One relative commented that "Staffing levels are just right."

We reviewed the services recruitment process and records finding the service had robust recruitment processes. Potential staff members completed an application form providing details of their skills and experience. References were sought to verify this information and checks performed with the Disclosure and Barring Service to ensure staff members were suitable to work with vulnerable people. Staff confirmed to us this was the consistent process they undertook as part of their recruitment.

We observed a medicines round, spoke with staff who managed medicines and looked at people's records and the medicines storage area in the service. Staff were consistent in their understanding of how to order, store and assist people with their medicines. We observed staff supporting people with their medicines in a discreet, respectful manner, as well as involving the person in the decision about when to have 'as required' medicines, for example pain relief. Medicines storage areas were clean and temperature checks of the room and fridge were carried out and recorded. Staff stated that they had completed appropriate training and had a good knowledge of the impact and potential side effects of medicines. We looked at training records and saw staff had been trained in the safe handling of medicines and that refresher training was organised as needed. Senior staff also performed regular competency checks to ensure these staff members were able to perform this role safely. One relative commented about their family members medicines; they told us "[Relative] doesn't have a lot of medication, but what [relative] does have get on time."

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt the service was effective. One relative told us; "Staff are well-trained, always knock on the door and ask permission, [relative] is treated with dignity and respect". Another relative told us; "Staff help and support [relative] to get washed and ready and always ask permission before doing so."

The service had continued to provide staff with training relevant to their roles. Staff received an initial induction when they started working at the home, which included a period of time during which they shadowed a senior staff member. After this, staff were supported in their roles through the provision of regular training, supervision sessions and annual appraisals. Staff we spoke with felt well supported and told us they were offered the opportunity to complete additional training and could always approach a member of senior staff or the registered manager for advice or guidance. Staff we spoke with told us they attended the providers training and felt supported to develop their skills further by the registered manager. The registered manager kept a matrix of all staff showing when refresher training was needed.

We checked records of staff supervision and appraisal, we saw this was occurring regularly and that records demonstrated that staff were encouraged and supported. We also saw evidence that where staff performance was poor that action was taken to address this.

Records of staff meetings showed that staff were consulted and communicated with about changes in the service and across the provider. Staff we spoke with told us they felt able to contribute towards these meetings and worked as part of a team. For staff who did not attend the meeting records of these meeting were circulated for their information. They told us they felt communication was good across the service due to these systematic processes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and that appropriate applications had been made to deprive a person of their liberty. The registered manager had a process in place to review these as required.

People's capacity to make decisions about their care and treatment was assessed and where appropriate "best interest" decisions were made on people's behalf. Records showed these decisions involved relevant professionals as well as the person's representatives. Formal consent to care and treatment was also captured in people's records. Staff we spoke with aware of the need to gain people's consent and explained

they would respect people's wishes where they declined support. Family members also told us they were consulted about how best to support their family members. One told us "Good communication channels regarding my [relatives] care and they also ask my [relative]."

On admission to the service people were asked about their nutritional and hydration needs. This included any special dietary requirements as well as people's preferences. People were complimentary about the food they received. We spoke to catering staff and they were able to tell us how they worked alongside care staff to provide a varied and appetising menu. They talked with people to seek feedback on menus and were able to provide a flexible service. Relatives gave positive feedback about the meals at the service. One relative commented that; "[Relative] is not able to make decisions but the Chef comes and asks what they want. [Relative] is on soft food and the Chef always makes sure the food is well presented." Another family member told us; "[Relative] can't make choices about their food. Their food is pureed but it is very well presented, all separate, arranged like a flower, for example meat, turnip, peas, potatoes. My [relative] also likes the finger food, for example the buffet at tea time." We noted in records numerous positive feedback comments about the Christmas meal which family members attended.

We saw from people's records there was information recorded about people's nutritional needs and that nutritional assessments were reviewed monthly. This helped staff identify people who were at risk of losing weight or needed support with weight management. Weights were monitored monthly or more frequently where a concern was identified. We saw entries in records that showed staff sought advice or assistance from health care professionals such as the GP and dieticians where concerns were identified. People's care plans showed the specific dietary needs they had, for example, if they were having regular dietary supplements or needed prompting and support to eat their meals. Our observations of the mealtime experience were positive and we saw that pureed meals were presented in a visually appetising way. We observed staff supporting people to eat and drink with patience and attentiveness.

People were supported to access external healthcare services in order to maintain their wellbeing. The external healthcare professional we spoke with confirmed the service made appropriate referrals, staff acted on advice given and that people were well cared for. Staff told us they were aware of health issues that may affect some of the people living at the home, such as the need for pressure area care. They described how they kept a close eye on people's skin integrity whilst providing personal care and reported any concerns to the district nurses. There was evidence in care records of regular contact with local GP's and other healthcare professionals. People and relatives told us that staff responded quickly to people's changing healthcare needs and contacted external professionals quickly.

People, relatives and staff did comment that people's bedrooms, corridors and communal areas were small and at times crowded. We noted that the two seating areas for people would not have the capacity for everyone to sit in if required. There was one small and cluttered multi-purpose 'family room', otherwise if people wanted to meet guests in a private space they had to use their bedrooms. The registered manager told us they had looked at adapting or extending the building further to create more communal space and they were keeping this under review.

We recommend the provider further review communal space for people and guests.

Good

Is the service caring?

Our findings

People and their relatives told us they found the service was caring towards them. One relative told us; "Can't fault the care. Staff are very nice, friendly and always have a laugh with [relative]." Another relative told us that "Staff have time to speak, explain things clearly and try to help [relative] live as independently as possible."

The external healthcare professional we spoke with were very complimentary about the services and staff's caring nature. They told us they had no concerns about the way people were cared for and that the service offered by staff was compassionate and person centred. They gave us an example of where staff went an extra mile to assist a person.

During the inspection we observed a very relaxed atmosphere in the home. People were free to come and go as they pleased and to spend their time as they wished. Staff were knowledgeable about people's daily routines as well as their likes and any particular preferences they had. For example staff were able to tell us what time people preferred to get up on a morning to have breakfast and we observed people's wishes were respected. Staff told us they had the time to care for people and respond to their needs as and when required. We saw one person was unwell and needed additional intervention and monitoring by staff. Staff described the person's need for emotional support and we observed them providing this to them throughout the day. This meant staff were aware of the need to promote people's emotional well-being.

We saw in records that staff wrote about people in a positive way, day to day records contained details of what people had done. We observed conversations between staff and people, with staff coming down to eye level, protecting people's privacy when asking about personal intimate care. Family members told us they were encouraged by staff to be involved in activities in the home and a number told us they had supported relatives on trips out, as well as activities in the home.

Care records we reviewed showed that the service had sourced advocacy services for people as required. There was information about local advocacy services on display and staff we spoke with recognised where this was required to support people. We saw the staff had listened to relatives as the natural advocates for people and responded to their requests.

We asked staff how they supported people to maintain their dignity and independence. Staff gave us examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear each day; making sure doors and curtains were closed when helping with personal care; keeping people covered up when assisting them to the bathroom; and respecting people's choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. We observed that people's privacy was promoted by the staff team. For example, we saw staff knocked on people's bedroom doors and bathroom doors and waited for permission to enter. We found staff were aware of the importance of involving people and their relatives in decisions and listening to their views about what they wanted. Relatives we spoke with told us they felt welcomed to the service by staff and the registered manager and deputy manager. One relative commented that their

family member was "Treated with dignity."

The majority of the staff team had been employed at the home for a significant period of time. As a result, they had developed strong, positive, caring relationships with people. Staff explained the importance of taking time to get to know people and were able to tell us how they would do this. For example through speaking to the person, their friends and family members and reading their care plans.

Care plans provided personalised information to staff about what care and support people required from them. We saw where intervention was required the preference was that this was kept to a minimum wherever possible and that people were encouraged to maintain their independence. For example on person often refused help with personal care, their care plan detailed how best to respond to this and support the person to maintain their dignity. Care records were stored securely and staff we spoke with were aware of the need to handle people's information confidentially.

People and their families were encouraged to be involved in the running of the home. Residents and relatives meetings were held to obtain feedback from people and to keep them updated about changes within the service. One relative commented that "Staff discuss my [relatives] care and support and I am very happy with the care that they receive."

People were asked about their wishes in relation to end of life care. This included details of any advance decisions people may have made such as in relation to being resuscitated. These care plans were then updated and people's families were involved where required. Staff had received training to enable them to support people with this area of their care and treatment. Staff liaised with external healthcare professionals as required to ensure people were supported appropriately.

Good

Is the service responsive?

Our findings

People and relatives we spoke with told us they had been involved in developing their care plans and that the service offered a variety of activities. One relative told us; "[Relative] has had two six monthly reviews. Discussed whether we felt there were any problems with their care or the service, but we don't."

Before admission to the service a pre-admission assessment was completed to determine whether the service would be able to meet people's support needs. Information gathered during this assessment was then used to develop person-centred care plans outlining the care and support people required. These detailed areas where people were independent and outlined their goals and wishes. Where people had any specific preferences in relation to their care and treatment, for example in relation to the gender of staff providing personal care, this was detailed in their records and respected. People's families, previous carers and external professionals were involved in these assessments where appropriate.

Following a person's admission to the service, staff spent time getting to know the person as an individual and understanding how they liked to be cared for. This information was then incorporated into people's care plans to assist staff in supporting people in the way they preferred. People were actively encouraged to maintain their independence wherever possible. Relatives told us they had been able to suggest changes to people's care plans. Staff told us they sought out and listened to relative's advice but always balanced this with what the person themselves wanted.

People's care plans were subject to review. Monthly evaluations were undertaken by care staff and where required changes made to care plans, for example following a change in a person's needs following a discharge from hospital. Formal reviews of people's care planning took place on at least an annual basis. People, their families and representatives were involved in this process where appropriate.

Although the services activities co-ordinator was not present when we inspected, arrangements were in place to prevent people from becoming socially isolated. Care staff offered activities for people to partake in and entertainers also visited the home. In a visual display we saw the planned activities schedule. Staff told us they provided ad-hoc activities throughout the week, sometimes spending time 1 to 1 in people's room if this was required. Music was played during the day and we saw staff and people singing along together. One relative commented that "My [relative] used to take part in the activities but can't be bothered now. But there is dominoes, bingo, singers, dancing, making Easter bonnets, the place is always decorated on special occasions." Another added that "We were really pleased when the Activities Manager made my [relative] a muff with different textures which was really nice of them to take the time to do this."

People and their families were encouraged to be involved in the running of the home. Residents meetings were generally held on a regular basis. Feedback questionnaires were issued to people and relatives also. Information gathered through all of these methods was used to improve the quality of the service for people living there. For example following the recent feedback from the last 'Your care survey' the registered manager was to meet with people and families to discuss the results and agree on ways to further improve the service in line with the feedback received. People and family members told us they felt able to raise any

concerns or issues they had with the service and registered manager, and had confidence they would respond positively.

The service had a complaints policy and procedure in place, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns. We suggested to the registered manager that they liaise with another of their providers services about how they ensured they met the 'duty of candour' (That providers are open and transparent with people who use services) to ensure records reflected this requirement. People and relatives we spoke with did not have any complaints and told us they would feel able to raise them if they did. One relative told us "I never had to make a complaint but if needed to I would speak to [registered manager]."

The service aimed to provide a smooth transition for people when they went to hospital. Care records contained brief key information which went with them to hospital if required, ensuring their needs could be met whilst at hospital.

Good

Is the service well-led?

Our findings

Relatives told us they felt the service was well led. One relative commented; "I have seen a lot of homes in my time and it is very well managed here. [Registered manager] and [deputy manager] are always on the ball." Another relative commented "Nice home. [Registered manager] is lovely, I can ask her anything."

Staff were complimentary about the registered manager and their leadership of the service. All of the staff we spoke with told us the registered manager was approachable and supportive. Comments included; "I can go to [registered manager] with any questions or concerns"; "They (the registered manager) knows what they are doing, they support us as a team" and "The manager and deputy both care about the people who live here."

The staff we spoke with all held the same approach about caring for people the way they would like someone to look after their own friends and family. Staff told us the registered manager and deputy manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their loved ones. We saw that staff felt positive about the service they offered. We observed that the deputy manager supported people at meal times and was visible around the service as well as knowledgeable of people's needs. The registered manager was not present at the start of inspection, but travelled back later in the day to contribute towards the inspection.

Systems were still in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and care plans as well as seeking feedback from people and their representatives. We saw these were managed consistently by the registered manager and that audits showed the service was operating effectively and there were no outstanding actions.

The registered manager had an open door policy and was a visible presence within the home. One relative commented that they could speak to the registered manager at any time; "I know I can walk through the door and can ask them anything." They held daily staff meetings with key staff, this ensured they were able to deal with any issues and use all the resources and information in the service to effect change. Regular meetings were also held with all staff to keep them informed of changes within the service and to provide them with the opportunity to discuss any concerns or ideas to improve the service. Daily handovers were used to keep staff informed of the health and well-being of people using the service. Staff also told us they could always approach the registered manager for advice and guidance and they always responded positively.

Records or documents we requested were produced for us promptly. The registered manager was able to tell us their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so promptly. We saw the registered manager was known to the people using the service and their relatives. Staff and relatives also commented on the deputy manager being accessible and quick to respond to any queries they might have.

Staff told us about the links the home had with the local community. There were links with the local school and the local churches, as well as encouraging student placements in the home. People were encouraged to use the local shops, services or garden centre with support if needed.

We saw that people using the service had their opinions surveyed. This often involved family members as well if the person was unable to actively contribute. Feedback was positive and we saw that compliments were recorded and shared with the staff team. Following a recent 'Your care' survey the registered manager told us they planned to meet with people and relatives to review the findings and agree what actions could be taken in response to the results.

An external healthcare professional we spoke with told us they found the service well led. They told us the service welcomed their advice and support and that staff took on board their suggestions.