

Greenlands Residential Home Limited

Greenlands Residential Home

Inspection report

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Bolton
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16 November 2018

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 15 and 16 November 2018 and was unannounced. At the last comprehensive inspection of the service on 25 September 2017 we found the service was not always well led. Quality assurance systems were not as effective as they needed to be and this impacted on different aspects of the service. This included fire safety, medicines management, dementia friendly environments and choices at meal times. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked to see what improvements had been made. We found the home had taken the necessary action to meet the regulation.

Greenlands Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Greenland's Residential Home is registered to provide care for up to 28 people, with accommodation in single or shared bedrooms over three floors. It is situated in Bolton, Greater Manchester. At the time of the inspection there were 24 people living in the home.

There were two registered managers 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.

At this inspection we found that there had been improvements to the service. An action plan had been put in place after the last inspection. Medication was now well managed with no concerns and fire safety systems and procedures were safe. The lunch time experience was now more positive and people were provided with choices. Confidential information was no longer displayed on the notice board.

We have made three recommendations to support further improvement. We have made a recommendation about making the home more dementia friendly. Accessing further guidance will support further progress in this area. We have made a recommendation about the Equality and Diversity Act 2010 and we have made a recommendation about the promotion of independent advocacy services.

Systems were in place to ensure sufficient number of staff were provided. Relevant information and checks were obtained when recruiting new staff. This helped to protect people from the appointment of unsuitable staff.

Staff were aware of their responsibilities to safeguard people from abuse and risks to people's safety were assessed with guidance on how to minimise the risks. The service also had a whistleblowing policy and staff

reported feeling able to report poor practice if required.

Systems were in place to monitor the safety of equipment and all other required checks were up to date, including fire safety and gas safety checks. The home was clean and staff had received training and understood their infection control responsibilities.

All the people we spoke to reported feeling safe and family and visiting professionals did not raise any concerns.

People's needs were assessed before admission and a support plan was put in place to meet these needs. This was reviewed and updated monthly.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support.

Staff felt supported in their roles and were provided with an appropriate induction to prepare them for the role. Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from five health care professionals about the support offered by staff so that people's needs were met.

The homes environment was homely and improvements had been made since the last inspection. The registered managers plan to make further improvements including people's bedrooms.

The accessible information standard was met. People were routinely assessed to ascertain what their communication preferences or abilities were.

The home was caring and we observed positive interactions between staff and residents and feedback from both residents and relatives reported that staff were caring. People were encouraged to be independent and they were treated with dignity and respect.

Regular activities were in place including monthly in-house entertainment and monthly trips out. People were also supported to maintain links with the local community.

The home was responsive to feedback that they received from people and their families. This included surveys and resident's meetings.

The home had an end of life policy that provided guidance to staff and the home actively involved family as much as possible.

The home had responded positively to the improvements that were required from the last inspection and staff reported that they received good support from the registered managers.

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.

Medication was well managed. Action had been taken since the last inspection to ensure that all processes and procedures were now safe.

Effective systems were in place to ensure that premises and equipment were safe. Action had been taken to make fire systems and processes safe since the last inspection.

Is the service effective?

Good ●

The service was effective.

Suitable arrangements were in place to meet the health and nutritional needs of people. Action had been taken to ensure that people were now offered choices since the last inspection.

There was good support for staff including induction, ongoing training and regular supervision.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The service had not fully embedded the principles of equality, diversity and human rights into its day to day practice and Independent advocacy also needed further promotion.

Staff were kind and caring and people were encouraged to be independent and were treated with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The home needed to make the home more 'dementia friendly'.

Regular activities were in place and the accessible information standard was met.

Is the service well-led?

The service was not always well led.

Three recommendations have been made to support the progress made since the last inspection.

All the staff felt supported in their roles.

Requires Improvement 

Greenlands Residential 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.

The inspection was unannounced and took place on 15 and 16 November 2018. The inspection was carried out by one adult social care inspector and one 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 our inspection the provider completed a provider information return (PIR). The PIR 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 also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Bolton. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch raised no concerns. Bolton commissioning team did raise concerns about risk assessments not always being in place. We looked at this issue during the inspection.

During the inspection we spoke with five people who used the service, two registered managers, four staff members, one cook, a volunteer activity coordinator, two visiting relatives and five visiting professionals.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff recruitment files, training and supervision records, three care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection of the service in September 2017 we found the service was not always safe and was rated as required improvement.

At this inspection we checked to see if the required improvements had been made. The registered managers had implemented an action plan to address the issues raised in the last inspection report. We found the provider was now meeting the regulations.

At our inspection in September 2017 there were concerns around fire safety.

During this inspection we found that fire safety was now managed safely. Checks were carried out every day by senior staff to ensure that fire exits were not obstructed. All other required checks were in place and up to date. These included a fire risk assessment, a fire system certificate, weekly fire alarms tests, monthly emergency lighting tests and annual checks of smoke detectors, fire extinguishers and fire blankets. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

The home also had effective systems in place to ensure the premises and equipment were fit for purpose. Up to date servicing certificates were available as required. This included certificates for the passenger lift, gas safety, electrical wiring and the nurse call bell system. Legionella certificates and risk assessments were in place and there was evidence of regular testing of water temperatures.

At our inspection in September 2017 there were concerns around the safe management of medication.

During this inspection we found that medication was now managed safely. Medicines were now stored securely and only accessible to those staff responsible for the administration of people's prescribed medicines. Staff were trained in the safe administration of medicines. We observed medication being administered and we looked at medication administration records (MARS) and found no concerns. We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation. Temperatures were monitored daily to ensure medicines were stored in accordance with manufacturer's guidance. There were sample signatures of staff responsible for administering medicines and a photograph of each person who used the service alongside their Medication Administration Record (MAR). We saw evidence that staff competency checks were carried out annually and that medication audits took place monthly.

The provider had recruitment procedures in place which helped to protect people against the risk of unsuitable staff. We looked at three staff personnel files to check that the procedure had been followed. Appropriate checks were carried out before staff began working for the service.

We looked at staffing levels across the service. We spoke to people who used the service, staff, registered managers and reviewed the staff rota's. Sufficient numbers of staff were deployed to keep people safe and

meet their individual needs. Staff we spoke to confirmed this. One commented, "The managers respond to changing needs and provide more staff when needed."

People we spoke to felt safe. One commented, "I can choose who they let in to see me. If I have a problem, there's somebody here." A second commented, "I feel quite safe... There are people around in case I need them".

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Policies and procedures for safeguarding people from harm were in place to support staff. The training records showed that all staff had received safeguarding training. Appropriate safeguarding information was on display on the notice board to support residents and families to raise concerns if they needed to.

The home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with felt confident about raising concerns if they needed to and knew how to escalate concerns within the service. They also knew they could contact the Care Quality Commission if they felt their concerns would not be listened to.

Inspection of care records showed that risks to people's health and well-being had been identified, such as poor nutrition and risk of falls. We saw care plans had been put into place to help reduce or eliminate the identified risks including the completion of nutritional risk assessments each month and up to date falls risk assessments. The risk assessments in one file needed to be updated as the risks were no longer current. The registered manager agreed to update this file. Bolton commissioning team had raised concerns about risk assessments not always being in place. We saw no evidence for this in the three files that we looked at. The registered managers explained that all risk assessments are now reviewed every month and more often in response to any changes.

We looked at the accident and incident files. We could see that these had been recorded. This included their responses and the outcomes for each. The registered managers agreed to add a column to record if there was any learning or corrective action required. We will check this when we next inspect.

We found the home was clean, tidy with no malodour. The home employed several domestic and laundry staff who were available throughout the week. We checked to see how people were protected from the risk of cross infection. We saw that there were infection control policies and procedures in place. This included guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel.

Bolton Council had carried out an infection control audit in April 2018 and the home received an overall compliance rating of 85%. Bolton Council had also delivered two training sessions and would be carrying out a second audit in January 2019. In response the home now carried out a comprehensive infection control audit every two months and had adopted Bolton Councils Infection Control Teams audit tool for this purpose. Staff understood their responsibilities and their training in this area was up to date. Everyone we spoke to confirmed that the home was clean and that staff wore protective clothing when carrying out personal care. One family member told us, "The home is always clean and there are no unpleasant smells when you visit."

The front door was securely locked. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

There was a business continuity plan in place to deal with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. Key contact numbers were listed and contingency measures were in place to enable an effective response. This was recently put into practice when the passenger lift needed replacing. The local authority reported that the home had successfully managed this change effectively and safely.

Is the service effective?

Our findings

At the last comprehensive inspection of the service in September 2017 we found the service was not always effective and was rated as required improvement.

At this inspection we checked to see if the required improvements had been made. The registered managers had implemented an action plan to address the issues raised in the last inspection report. We found the provider was now meeting the regulations.

At our inspection in September 2017 there were concerns about the lunch time experience. We observed both lunch and dinner and people were now offered choices from a menu and were offered alternative options if required. The menus were on a two-week rota and the menu board offered a choice of four meals including a vegetarian option.

Everyone we spoke to gave positive comments about the food. People confirmed if they didn't like what was on the menu the staff made them something that they liked. One person commented, "I'm a fussy eater. They do very well, they've got me a salad in for today, I think it's corned beef." There was a pleasant atmosphere in the dining area and staff were attentive to people's needs. Staff gave assistance to those that needed it and people were not rushed and were given time to eat their meals.

We found that people's dietary requirements had been assessed and appropriate care plans and risk assessments were in place. The cook was knowledgeable about providing special diets and had received training in food safety. The cook was clear about the individual dietary needs of people but the documentation in the kitchen needed to be clearer. The registered managers confirmed after the inspection that this had been addressed.

Sufficient supplies of food were available with regular weekly deliveries of fresh, frozen, dried and tinned foods. Records were maintained of temperature checks to the fridge, freezers and food served. The service had received a 4-star (Good) rating from Bolton Council for food hygiene in April 2018.

The home's environment was warm and friendly. Communal areas downstairs had been decorated since the last inspection. The Registered managers said that they plan to continue making improvements and will focus on people's bedrooms and the communal areas upstairs next.

We saw aids and adaptations were provided to promote independence as well as maintain people's safety. These included handrails, assisted bathing and call bell leads.

Staff received the induction, training and support required to enable them to deliver effective care. The induction included training from the local council. This covered six subjects including infection control, moving and handling, medication and managing challenging behaviour. The induction required staff to shadow more experienced staff until they had been assessed as competent to carry out the role effectively. The induction also included enrolment on the Care Certificate. The Care Certificate is a set of standards that

social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Two recent starters confirmed the induction prepared them for their role. Refresher training was also provided to ensure that staff maintained and updated their knowledge.

Everyone we spoke to felt the staff were well trained and staff were positive about the training they received. One commented, "The training is very good. We can request it when we need it." A second commented, "Yes, it is brilliant, we have loads of training and the manager always explains if I don't understand."

Three personal files contained evidence of regular supervisions to review work and the performance of staff. All the staff we spoke to reported having regular supervisions and felt valued. One commented, "I am happy with the support. The managers always help out and they are easy to contact."

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. Where people were being deprived of their liberty relevant authorisations were in place. At the time of our inspection authorisations for DoLS were in place for six people. The registered managers had appropriate systems in place to monitor this and to keep all applications up to date. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home. Notifications had also been submitted to the CQC as required by law.

A review of people's records evidenced that capacity and consent was explored. We saw that where people had capacity people consented to their care and support and best interest meetings had taken place for people who were unable to give consent. People told us that staff explained what they were doing and sought consent prior to carrying out care.

We saw that policies and procedures were in place to guide staff on MCA and DoLS. Up to date training was required and the registered managers organised training for all staff that will be completed in December 2018.

People's care needs were appropriately assessed prior to admission to the home and a support plan put in place to meet these needs. We could see evidence of this in all three care files that we looked at. Support plans had information about all key areas of care including physical and mental health, communication, personal care and mobility.

The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from five health care professionals about the support offered by staff so that people's needs were met. One commented, "The staff are very helpful and accommodating. I have no concerns. The staff are good and the personal care is good" and "Staff are very supportive. They are good at recognising when someone is not suitable and they work in partnership to find a sensible way forward." A

family member commented, "They keep me informed well in advance of appointments, so that I can attend, and the personal care is good."

Daily records were maintained of all healthcare visits and contacts. The three files we looked at included visits and contacts with chiropodists, opticians, GPs, social workers and district nurses and there were letters recording correspondence for cervical screening and podiatry. One person had daily visits from district nurses to administer insulin.

Is the service caring?

Our findings

At the last comprehensive inspection of the service in September 2017 we found the service was caring and was rated good.

At this inspection we found improvements were required to ensure that the Equality Act 2010 was fully embedded and the home needed to promote access to independent advocacy services. The home was rated as requires improvement.

We looked at how the provider considered areas of equality and diversity when planning people's care and support. The service had a policy on equality and diversity that provided a commitment to uphold the Equality Act 2010.

People who used the service were from diverse ethnic backgrounds. The service also benefited from an equally diverse workforce which was reflective of the local community. Through talking to staff and members of the management team, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people with a protected characteristic was respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

Care files did not record whether people were being given the choice to share information about relevant protected characteristics which could apply to them. This information helps to inform care planning and removes barriers to providing good care. The registered manager agreed to rectify this by producing a one-page form that covered all nine protected characteristics. Staff will also be provided with specific equality and diversity training. We will check this when we next inspect.

People's religious needs were being met. People told us that local churches visited on a regular basis and a staff member took one person to church every week as church was a big part of the person's life. It was arranged for one person to have religious channels on their television to help them to worship. People's dietary requirements in relation to their religion and culture were met by the home.

To fully embed the principles of equality, diversity and human rights in all aspects of people's life, we recommend that the service also consults CQC's public website and seeks further guidance from the online toolkit entitled; Equally outstanding: Equality and human rights - good practice resource.

Access to independent advocacy services needed further promotion. Only one person we spoke to had heard of independent advocacy and that was when they were in a different care home. One person said they would be interested in using it. People can have a legal right in some circumstances under the Care Act 2014 and when they are under a DoLS. The registered manager agreed to check the DoLS paperwork and to contact the local authorities to ensure that people had access to an independent advocate where required. We recommend that the service looks at best practice to support people's access to independent advocacy.

There was positive feedback about the staff during the inspection. One relative commented, "The staff are fantastic. They are kind and caring. My [relative] has improved tenfold since moving here." All the people we spoke to felt the staff were kind and caring. One commented, "They are definitely kind and caring." A second commented, "There's nothing better. I don't need to ask for anything." Feedback from all five health and social care professionals that we spoke to was positive. One commented, "Staff are friendly and caring".

We observed that staff were kind and caring. When people interacted with staff or sought reassurance or information from them we saw that staff responded appropriately. They were respectful and knew people well and were able to adjust their responses to meet people's individual needs. We saw this when we observed medication being administered as people required different levels of support to take their medication.

Routines were flexible with people rising and retiring at different times. Some people also chose to spend their time in the privacy of their own rooms, rather than in communal areas. This was respected. The atmosphere within the home was relaxed and calm.

Everyone we spoke to told us they were encouraged to maintain their independence as much as possible and that they were not rushed by staff. Staff provided examples of how they supported people to maintain their independence mentioning issues such as mobility, personal care and eating and drinking. One staff member commented, "We encourage them to do what they are able to do. We don't de-skill them. There is a saying, 'Use it or lose it'."

All the people we spoke to said they were treated with dignity and respect. Staff we spoke to were able to give examples to demonstrate that they treated people with dignity and respect. We also observed good interactions between people and staff including one person being given reassurance to help reduce any anxieties when they were assisted to use moving equipment.

Confidential information was no longer displayed on the notice board. The filing cabinets storing people's information were situated in a communal area of the home and we spoke to the registered managers about the need to ensure that they are kept locked when unattended. Staff training on confidentiality and data protection had been arranged for the New Year.

Is the service responsive?

Our findings

At the last comprehensive inspection of the service in September 2017 we found the service was not always responsive and was rated as required improvement.

At this inspection we checked to see if the required improvements had been made. The registered managers had implemented an action plan to address the issues raised in the last inspection report and some improvements had been made. Further improvements were needed and the home was still rated as requires improvement in this area.

At our inspection in September 2017 there were concerns that the environment was not dementia friendly.

During this inspection we found that some improvements had been made. Bathrooms and toilets now had pictorial signs on the doors to assist with identification of the facilities and people's bedroom doors now had their names and pictures on them. Having their names and/or photographs on the doors aids people's recognition of their room and helps with their independence and autonomy. The home now provided 'rummage boxes' with tactile items for people living with dementia to pick up and investigate and we observed people interacting with dolls that had been provided specifically for people with dementia. The rummage boxes were out of reach and needed to be more accessible. The registered managers agreed to address this issue.

The toilet seats and grabs rails in the bathrooms and toilets were not of a different colour than the toilet. Research has shown that coloured seats and grab rails assist people living with dementia to recognise the toilet more easily. It is also helpful if toilet doors are painted in a single distinctive colour. These measures promote people's independence and helps them to move around more easily. We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

During this inspection we looked at the care files for three people who lived at the service. Care files identified people's individual preferences and how they wished to be cared for by staff. There was a section in one file called, 'My life so far', which covered the person's likes and dislikes.

The home used hospital passports to support hospital admissions. This helped to ensure that people's needs were clearly communicated when they moved between different services.

We saw activities and opportunities were provided both in and away from the home. A volunteer activities coordinator visited once a week and there was a weekly activities plan in place. This included hair dressing, singing and dancing, reflexology and massage, chair exercises and monthly in-house entertainment and monthly trips. We observed one-person colouring and in the afternoon a member of staff was playing catch with people in the side lounge. One relative commented, "The activities are good. They go out a lot on day trips. Nothing is too much trouble." We received the following feedback from people that we spoke to, "I listen to the singers, play dominoes and I enjoyed the boat trip", "I prefer to stay in my room all the time and

watch telly. The activity coordinator comes in once a week. It's dominoes mostly. I don't get bored", "I read the papers and watch TV, I don't like activities", "There's nothing much to do but watch television" and "Every fortnight we have entertainers and they sing songs to suit everyone".

Links were maintained with the local community. This included regular weekly visits from local churches and school children were booked to come and sing Christmas carols in December.

The service met the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard.

The home routinely assessed people's communication needs and preferences and these were clearly recorded in care files that we looked at. The home also recruited bilingual staff to aid communication with people whose first language was not English. 'Communication charts' in a pictorial format had been developed to enable staff to communicate with the person in their first language and information about the service could be translated into different languages. We were also advised by the registered manager that staff were available within the organisation to interpret for people, should this be required.

We looked at how the service managed people's complaints and concerns. A copy of the complaints procedure was available in the literature about the service which was provided to people and it was displayed in communal areas. The procedure explained to people how to complain, who to complain to and the times it would take for a response. The home had received no complaints in the previous twelve months.

The home had collected positive feedback from relatives and health and social care professionals. Relatives commented, "[Relative] looks very well. The care she receives is excellent, nothing is too much trouble for staff", and "I have always found the staff to be helpful, caring and enthusiastic." A professional commented, "It is always warm and welcoming. The residents are well looked after and it feels like a family atmosphere." The people we spoke to were happy with their care. One commented, "I like the peace and quiet. I get everything I need; the staff will do as much as they can for you".

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. The home had an end of life policy that provided guidance to staff and the home actively involved family as much as possible. This included families staying overnight if required. The home also had good links with the local hospice and district nurses and all staff had attended palliative care training.

Is the service well-led?

Our findings

At the last comprehensive inspection of the service in September 2017 we found the service was not always well led. There was a lack of reliable and effective governance systems in place. This was a breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that key improvements had been made. Governance systems were more reliable. Medication was now well managed with no concerns and fire safety systems and procedures were safe. The lunch time experience was now more positive and people were provided with choices. Confidential information was no longer displayed on the notice board.

We have made three recommendations to support further improvement. We recommend that the service consider current guidance on dementia friendly environments, equality & diversity and access to independent advocacy services.

There were two registered managers in post. The first was registered with the service in February 2012 and the second was registered in July 2018. 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 registered managers felt supported in their roles. All the staff we spoke to felt supported and praised the registered managers for being open and approachable. Staff reported feeling valued and were positive about their roles. They told us that the registered managers were hands on and got involved in providing care. All the feedback we received about the staff and the registered managers, from the visiting health and social care professionals, was positive.

All the staff we spoke to felt the home was well led. One commented, "Yes we have tried hard to improve everything since the last CQC report. There has been a positive response to it."

Policies and procedures were available and up to date and covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

There were good systems of communication in place including hand overs, a communication book and we saw that three staff meetings had taken place in the previous twelve months. There was a key worker system in place that was rotated to ensure that care was both consistent and reliable. We also saw copies of the annual staff survey where the feedback over all was positive.

We saw evidence that resident's meetings and surveys with relatives had taken place and the home had made improvements based on feedback. Relatives had said people's clothes were getting mixed up. The

home employed domestic staff in response to ensure that the laundry was well managed.

The Local Authority was also working closely with the service to support it to improve since the last inspection report and reported that the home was not always evidencing the good work that they did. There were regular quality assurance audits in place to support further improvement including infection control and medication audits.

The registered managers were undertaking a manager's course for care homes accredited by Age Concern and kept up to date with best practice through a quarterly provider meeting hosted by the local council and the clinical commissioning group.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that we had received appropriate notifications from the service.

Ratings from the last inspection were clearly displayed in the reception area of the home. They did not have a website. From April 2015 it is a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.