

## Roop Cottage Nursing and Residential Home

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### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

Roop Cottage provides accommodation, personal care and nursing for up to 35 people, some of whom may also have physical disabilities. The accommodation is over two floors and there is a passenger lift. There were 32 people living there at the time of the inspection.

The last inspection was in June 2016 and the service was rated 'requires improvement' at that time. This was because the premises were in need of refurbishment and better cleaning and medicines were not always managed well. Some risk assessments had not been reviewed and some equipment had not been sufficiently assessed for safety. The provider had addressed most aspects of the concerns, although progress was slow to refurbish the premises and there was still further work required to bring them to a better standard of repair and décor.

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.

There was a welcoming, friendly atmosphere and people told us they were happy living at Roop Cottage. There had been some improvements to the premises and décor since the last inspection and the registered manager had prioritised main areas such as bathrooms and we were advised this work was ongoing, subject to the provider's agreement. We have made a recommendation the provider improves the premises.

People said they felt safe and there were routine safety checks carried out. Individual risk assessments for people were in place and had improved in detail and accuracy since the last inspection.

Staff understood how to ensure people were protected against possible abuse and they knew how to report any safeguarding concerns.

People said they received their medicines on time, and systems for managing medicines were safely in place.

Staff felt supported in their role, there was clear direction for the team and there was regular staff training and supervision.

People enjoyed the meals and the food and drink provision was suitable for people's needs.

Staff interaction with people was kind and caring and staff knew people well. People were encouraged to retain their independence and they told us they felt this was their home.

The activities staff knew people's needs and individual interests. Activities provided meaningful engagement for people on an individual basis and in groups where appropriate.

Care records were maintained with sufficient information for staff to understand all aspects of people's care needs and these were regularly reviewed. Care practice reflected what was written in people's care records.

People knew how to make a complaint and there was a system for recording complaints and compliments.

The registered manager was experienced in providing care at Roop Cottage. People, relatives and staff felt supported and they were confident their views were valued. Systems were in place for monitoring the quality of the provision. The registered manager was aware of the strengths of the service and the areas to improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe but improvements were required to the premises

People's individual safety was managed well and staff knew how to safeguard people from abuse

Medicines were managed safely

Staffing levels were appropriate for people's needs

### Is the service effective?

**Good** ●

The service was effective.

Staff were suitably trained and supported in their role.

There was clear understanding of the legislation regarding people's rights and mental capacity.

Food and drink provision was suitable for people's needs.

### Is the service caring?

**Good** ●

The service was caring.

People had good relationships with staff to support their needs.

The home was welcoming and friendly.

People were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

Care was person centred and staff knew people very well.

Activities were meaningful and people were purposefully engaged in pastimes of their choice.

People knew how to make a complaint if they wished to.

## Is the service well-led?

Good 

The service was well led.

The registered manager worked alongside staff and gave clear direction for staff to understand their responsibilities.

There was an open and transparent culture and people, staff and visitors felt able to approach the registered manager at any time.

The quality of the service was monitored closely.

# Roop Cottage Nursing and 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.

This inspection took place on 12 and 20 June 2017 and was unannounced on the first day. There was one adult social care inspector and an expert by experience on the first day and an adult social care inspector on the second day.

We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. We displayed a poster to inform people and visitors that we were inspecting the service and inviting them to share their views.

We looked around the home, in people's rooms with their permission and in communal areas. We spoke with eight people, two care staff, the deputy manager, the registered manager, as well as four visiting relatives and two visiting professionals.

We looked at care documentation for three people, two recruitment files and records relating to quality assurance monitoring and the safety of the premises and equipment.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe at Roop Cottage, the main reason being 'because of the staff'. One person we spoke with told us they felt safe because 'the girls are all very friendly, they talk to me if I feel nervous'. Another person said, "I feel safe here because of the staff. I just buzz when I need them, they just come and see to you. They look after me well". Another person said, "The staff are very good, no matter what you ask they will put themselves out, even if they over run their time. The nurse is very good".

All the relatives we spoke with said their family member was safe at Roop Cottage. One relative said "There are always people around and it's just the way they are with my relative". Another relative said, "When my relative first came here they were very unsettled and did not want to stay, but because of the staff they are now very settled". We asked another relative about safety and they said "Absolutely. Staff are wonderful and adore my relative. My relative is happy here, it's a gut feeling that they are safe".

Staff spoke with people about staying safe within their everyday routine. For example, staff reminded people about making sure they got their balance when walking or when standing up from sitting.

At the last inspection we found some people's individual risk assessments had not been reviewed in a timely manner. The registered manager told us they had spent time making sure these were regularly reviewed and we saw evidence in the care records we saw this had happened.

Staff demonstrated good knowledge of the individual risks for each person and they understood how to maintain people's safety. Staff knew possible signs of abuse and how to report concerns about a person's safety or well-being. Staff confidently described the safeguarding procedures and said they would use the whistleblowing procedure if they saw poor practice that may put a person at risk of harm. We saw the safeguarding and whistleblowing policies and procedures and these were clearly documented with details of who staff should contact in the event of a concern or allegation.

There were clearly documented incidents with appropriate referrals to the local safeguarding authority when necessary. Staff we spoke with described the procedure to follow should a person go missing and the steps they would take to ensure the person's safety.

Accidents and incidents records were detailed and analysed to establish where trends or patterns may occur and the action taken.

Staff understood emergency evacuation plans, such as for fire, and discussed these where appropriate with people who lived at the home. There was a fire evacuation list on the wall in the office showing each person's level of mobility. There was also a fire safety plan for the evacuation of residents, although this was not specific to each person.

We looked at the premises, including communal areas and people's bedrooms with their permission. We saw clear exits and fire fighting equipment. Upstairs windows had opening restrictors in place to prevent the

risk of falling and the maintenance staff was responsible for checking these. Floor coverings had been replaced in bathroom areas and there was no evidence of trip hazards in the home. We reviewed maintenance documentation for the premises and we saw the member of maintenance staff was active throughout the day carrying out repairs and refurbishment.

At the last inspection we raised concerns about the premises as they were clearly in need of refurbishment. The registered manager told us where improvements had been made and said they had focused on the highest priorities, such as bathrooms in order to improve standards of infection control. We saw as a result of improved bathrooms, the areas were cleaner and better maintained than at the last inspection. We heard the registered manager on the telephone ordering new mattresses and they explained to us they replaced these as necessary, following regular checks or in line with people's needs.

However, we found some areas within the home still showed signs of wear and tear and were still in need of improvement. For example, window frames and floor coverings were very old and worn and the call bell system was not very audible. The perspex shower screen had some tape over a crack, which although was safe, it was not durable. Some of the toilet seats were loose and the registered manager said they would attend to these without delay. Some light fittings did not have lightshades and some people's rooms did not have names on their doors. We spoke with the maintenance staff who we saw was also preparing an empty room for decoration. They told us improvement work was a rolling process and although this was slow, it was constant. One relative we spoke with said "It would be easy to judge this place by how it looks, but that would be unfair. The appearance of the building is no measure of the care. My [family member] is safe here."

We recommend the provider continues to refurbish the home within the next six months, for example, to ensure the safety of floor coverings and windows. This will ensure people live in a well maintained and pleasant environment.

All the people we spoke with said they received their medicines when they should and had access to pain relief when they needed it.

We looked at people's medicine administration records (MARs) and reviewed records for the receipt, administration and disposal of medicines. Each person's record had a photograph to identify them, along with details of the medicines they required. We found records were complete and people had received the medicines they had been prescribed. People's medicines were available at the home to administer when they needed them although the deputy manager and registered manager told us there were sometimes delays with supplies and they were working closely with the GPs and the pharmacy to rectify this. We asked the deputy manager about the safe handling of medicines to ensure people received the correct medication and they were very knowledgeable about the procedures.

At the last inspection there were some weaknesses in the medicines administration process and the times of medicines being given were pre-printed on the records, which was not always accurate in practice. We found at this inspection the registered manager had taken steps to address this matter.

We looked at information available for staff when people were prescribed medicines for PRN (when required) administration. Clear protocols were in place to guide staff as to when PRN medicines should be given to people and there was more accurate recording of the times given.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained and medicines stored safely in line with current legislation. Medicines were stored securely within locked cabinets and the keys were securely controlled to prevent unauthorised access. We noted that the date of



opening was not always recorded on all medicines and records showed this had also been identified through the medicines audit and discussed at a recent staff meeting. Safe temperatures were recorded of all medication storage and the deputy manager told us they had made extra checks during a spell of very hot weather to ensure safe storage temperatures were maintained.

We looked at two staff files and found safe recruitment practices had been followed. For example, two references had been obtained, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable individual working with vulnerable people. The registered manager told us staff turnover was low and there were longstanding care staff in the team, which meant little recruitment had taken place since the last inspection.

Staffing levels were appropriate for the needs of people, although we noted at busy times, such as unexpected staff absence or holidays, the registered manager had to request additional support from an agency. The registered manager told us they were trying to establish a regular bank of staff to cover for such events. Some staff we spoke with said they worked long shifts, which had also been discussed at the last inspection although they said if this became a concern they were able to discuss with the registered manager. Other staff said they preferred to work longer shifts but fewer shifts. The registered manager told us they were mindful to enable staff to achieve an appropriate work life balance and manage their work safely. They said after the last inspection staff were consulted about their preferred working patterns. People mostly told us there were enough staff available. One person said "There is enough staff here, there's always someone to help". One person told us there were sometimes only two care staff in the afternoon instead of three, but said there were always enough staff on duty at night. All relatives we spoke with said they felt there were enough staff. One relative said "I can usually see at least one member of staff when I arrive, usually more".

At the last inspection cleaning practice was not robust enough to ensure all areas were sufficiently clean, particularly bathroom areas. The registered manager had taken steps to address this issue. At this inspection we saw staff practised good standards of hygiene and were aware of how to minimise the spread of infection. Staff were observed to wash their hands frequently and made appropriate use of personal protective equipment (PPE). We found the home was visibly clean with no mal odours and relatives we spoke with confirmed the home was clean whenever they came to visit.

The registered manager told us they had achieved a 93% score on their recent infection prevention and control audit and we saw a certificate of recognition to this effect. This evidenced the home had made improvements since the last inspection.

# Is the service effective?

## Our findings

People we spoke with said they felt staff had the required training to care for them effectively. One person told us, "I'd give them 10/10. If they didn't know what they were doing I wouldn't be here". Another person said, "Staff know what they're doing. If I want something they come and fetch it for me".

All the relatives we spoke with told us staff were well trained to do their job. One said, "Staff give me an update when I come in and are forthcoming in telling me things". Another relative said, "My family member learnt to stand up and can walk the length of the corridor now, they couldn't do any of these things when they came here after a stay in hospital".

Staff we spoke with said they felt supported in their work and had opportunities to complete relevant training. The registered manager told us where training needed to be updated they tried to ensure staff needs were met. We heard the registered manager on the phone arranging updates to first aid training for staff.

The training matrix showed which staff had undertaken training and who required training that was due to be refreshed. Staff had completed training and this was evident in the staff files we looked at. Induction involved a new starter working with an experienced member of staff and completing the care certificate during this process.

The staff records showed evidence of regular supervision meetings. Staff we spoke with confirmed these took place and said in addition to these, the registered manager was available and approachable to discuss any concerns. We saw staff readily approached the registered manager to raise any queries throughout the day and the office door remained open unless a private conversation was taking place. The registered manager told us there was an open door policy and staff were encouraged to discuss any aspect of their work at any time they felt this was necessary. The manager said they monitored staff ongoing suitability through observation and had more formal systems in place for ensuring staff ongoing suitability was managed, such as competency checks.

We looked at the communications book and saw there was key information, such as people's routine appointments. Staff we spoke with said they referred to this to check what information they needed in addition to handover information.

People we spoke with said staff asked for their consent before providing care. We found consent was sought and was appropriately used to deliver care. Where people who used the service were able to express their views, staff respected their decisions about their care and support. When people were less able to verbally communicate effectively we saw staff made every effort to interpret non-verbal cues to ensure people's best interests were being met. For example, staff told us about one person who had a good understanding of language but was unable to communicate with words and they explained the gestures and sounds the person made and what these meant. Staff said they knew the person well through working closely with them for a long time, but would never assume decisions on the person's behalf and encouraged them to make

their own choices by using visual cues.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager showed us a list of the people living in the home who were subject to an authorised DoLS. We looked at three care plans and saw people's mental capacity was regularly reviewed to ensure their best interests were being considered. We spoke with the registered manager, deputy and care staff who demonstrated their understanding of current legislation regarding the Mental Capacity Act 2005.

We observed breakfast and lunchtime. We saw some people independently accessed the dining rooms and were supported by staff if necessary to eat their meals. Staff told us mealtimes were based upon people's individual needs and preferences and those who wished to eat together sat in the dining rooms. We saw some people chose to eat in the lounge or in their own rooms and staff facilitated this. People who needed support were offered prompt help and people in their rooms did not have to wait to get their meals.

People ate a cooked breakfast as well as a choice of cereal and they commented on how much they enjoyed this. For people who woke up early they had cereal and toast available. Staff had a list of people's choices, which they had earlier asked them about, but they still checked whether people wanted their choice or a different option.

Staff were attentive at mealtimes; one person said their meal was not hot enough so staff warmed this up for them, another person changed their mind about what they had asked for and staff brought an alternative.

All the people we spoke with said the food at Roop Cottage was good and they had plenty of choice. One person we spoke with said, "The food is brilliant, I have a cooked breakfast every day. There is a choice and they come in with a menu. I love fish and I have it three times a week. There are plenty of snacks, cheese and biscuits and all sorts". Another person said "Food is lovely, we had a nice piece of beef yesterday, we get enough to eat, too much. There's plenty of choice".

People we spoke with said they had enough to drink. We saw people had jugs of water in their rooms and people in the lounge had glasses of water or juice as well as tea and coffee frequently offered during the day.

We saw there were referrals to other professionals where necessary to support people's health. We spoke with two visiting health professionals who said they found staff in the home to be proactive and responsive to any advice given, with communication shared well to meet people's needs.

Two relatives we spoke with said staff referred their family member to extra healthcare support when they needed it and were prompt at calling the doctor if their relative was taken ill. One relative told us about a recent emergency situation and said staff called the doctor straight away.

People said they had good access to other health professionals, such as the chiropodist and the optician.

# Is the service caring?

## Our findings

All the people we spoke with told us staff were nice to them, caring and kind. One person said, "Staff are absolutely lovely and it's so unusual because you normally get one who is a bit funny, but not here, they are very dedicated. The nurse makes sure everything gets done". Another person said, "Staff are brilliant, all nice and caring. The night staff are gorgeous, I only have to press the button and they are here straight away" and another person said, "Staff are always helpful, very good staff. They give me fantastic baths, the water is all ready for you and there is plenty of soap. They chat away and make me feel comfortable".

People told us they felt listened to, and they mattered and were treated with dignity and respect. One person told us, "It's 100% as regards dignity, respect and privacy". Another person said "They respect my privacy, when giving me personal care they cover me up in case anyone comes in". Another person also said staff covered them with towels when delivering personal care.

People's own bedrooms offered privacy and were personalised with their own possessions, photographs and personal mementos. This helped to make each room personal and homely for the person concerned. Staff were mindful of people's need for privacy and they knocked on bedroom doors before entering. People told us staff always knocked before entering. When people chose to be in their own rooms they said it was their choice whether to have the door open or closed.

Relatives told us staff respected privacy when giving personal care and staff understood how people wanted to look in the way they dressed. We saw people had hair nicely styled and clean, well-fitting and coordinated clothing. Some people had their fingernails painted and wore jewellery.

Staff supported people according to their individual needs and preferences and they knew what mattered most to people to support their well-being. We saw staff gave good explanations to people to support them in their care.

Relatives told us staff were kind and caring and knew their family members very well. One relative said "I have not found one [staff] who raises their voice and not seen one I have not liked. They all speak to you. My relative dresses themselves and they encourage that because they know that is what my relative wants to do". Another relative said "The staff are good, all pleasant and have time to talk to you. We can stay for lunch/tea". Another relative said staff went above and beyond the care for their family member and extended their caring to the person's family as well.

People engaged with staff within the routine and staff used these opportunities to chat with people about things that mattered to them, such as who would be coming to visit them. Staff spoke with people at their eye level when communicating, used good eye contact and gentle tone of voice. Staff spoke respectfully with people and when speaking to colleagues about people's individual needs this was done discreetly and with respect.

We observed a good rapport and banter between people and staff; the relationships were friendly and the

atmosphere was homely.

## Is the service responsive?

### Our findings

People and relatives we spoke with said staff were responsive to their needs. One person said, "Staff trust me, they respect my judgement, that makes a difference". Another person said "They do things the way I want, I call them my team". One person told us "Staff here really helped me improve my mobility. I can walk further now than ever before. They know I have to drink more so they encourage me and I have some special cups which are just mine".

We spoke with two visiting professionals who told us staff were responsive to people's needs and worked well with them to ensure people's care was consistent. Both told us communication was good between the staff at Roop Cottage and themselves, and they were professional in their manner. One professional told us "We have just been discussing one person's care and how the staff can manage the person's pain. They [the staff] were onto it even before we left, acting quickly to make sure the person is comfortable." They said even when there were agency staff, the response to meet people's needs was prompt and person-centred.

We looked at the communications book and saw there was key information, such as people's routine appointments. Staff we spoke with said they referred to this to check what information they needed in addition to handover information.

We saw there were details of people's preferences within their individual files. Care plans recorded what each person could do independently and identified areas where the person required support. However, updates to people's care needs were clearly documented in their care plan this information was not immediately clear from just looking at the plans. When people moved into the home detailed assessments took place which ensured people's needs were assessed and their independence was maintained. The registered manager told us they would refuse any placements if they felt the service was unable to care for a person in the correct way.

We looked at three care records for people using the service. These were individual to each person's needs and recorded their personal preferences regarding their care. The care plans evidenced how people liked to be supported and if there were any special health precautions to be aware of. One person's care record stated they needed to be reminded to drink plenty of fluids. We saw in practice staff gave regular reminders to the person and many offers of drinks.

We looked at daily records and a repositioning chart for one person and found some of the entries were inconsistently completed. For example some repositioning times were not recorded. The registered manager told us they would look into this but felt it was more a recording than a practice issue. Other daily records were accurately maintained and we saw staff updated these as they completed care for people.

There was an activities coordinator who was very familiar with people's social histories, individual needs and preferences. Activities were individually arranged with people depending upon what they wanted to do. Care staff also had a good knowledge of people's particular interests and hobbies. One person enjoyed cowboy films and care staff discussed with them which film they liked to watch, then brought it in and

showed the box to other people, to see if everyone else wanted to watch the movie. We spoke with the activities coordinator and saw a schedule of outings planned over the next three months. There was no schedule of weekly activities because these were organised on a daily basis depending upon what people wanted to do each day. We observed exercise with ropes, bats and balls to promote people's hand-eye coordination. We saw craft activities took place on the first day of the inspection and people enjoyed being involved. There was plenty of conversation and laughter. Other activities included bingo, reminiscence, games and films and the activities coordinator told us they planned to share resources with other homes in order to have access to a wider range.

The activities coordinator had just completed a course in developing a memory wall for people and planned to develop these individually if people wanted them in their rooms. They told us children came in from local schools twice a month to chat to people and one child regularly visited three people who had no other visitors. Members of the local church played music weekly for people who wanted to listen. People had the chance to go out with the activities coordinator to local places of their choice. One person returned from a trip to a local venue where they said they had seen an exhibition of clocks. Others told us they had been to the shops, the pub and the library. Where people had hobbies, they were encouraged to pursue these. For example, one person went to watch cricket every week during the season at a local club.

We saw staff took time to speak with people on an individual basis and they consistently acknowledged people and asked them how they were, and then actively listened to what people had to say. Staff were aware of people's diverse needs and tried to make sure they were meeting these as well as possible. We heard staff speak with one relative about how to communicate with their family member who spoke a different language, with the suggestion of key words and phrases.

One relative we spoke with said, "Staff always come and talk to my relative" and another said, "I feel they really know my [family member] well, that makes me certain this is the right place for them".

People we spoke with said they knew how to complain if they were unhappy about the service. We saw there was a complaints procedure available in the service to assist people. Staff we spoke with said they would ensure people's views were heard and people would be fully supported to follow the procedure if they wished to make a complaint. Complaints and compliments were recorded and the registered manager told us any concerns were taken seriously and acted upon. Relatives told us they knew how to make a complaint. One relative said: "If I've got a problem I would go straight to the manager or to any of the staff". Another relative told us where there had been an issue, this was quickly resolved.

## Is the service well-led?

### Our findings

The service had a manager who was registered with the Care Quality Commission. The manager was very experienced in running the home and was supported well by the deputy manager. The provider made regular contact although their time spent in the home was minimal.

Out of the eight people we spoke with, all but two knew who the registered manager was. People made positive comments about the way the home was run and these included; "I see the manager [they] come into the lounge. This place is clean, they will do anything for you and there are no problems here", "It is well led because everything seems to run smoothly", "There's plenty of night staff, but you could do with more during the day, but other than that it is well managed" and "The manager has helped me a lot. They are caring people who are interested in me".

Not all of the relatives we spoke with knew who the registered manager was but they all said the home was well managed. One relative said, "Everyone seems to know what they are doing and should be getting on with. It's not organised chaos, it ticks along as it should" and another relative said, "It feels homely when you come in like an extended family – home from home, they personalise the rooms". Another relative said, "There's dialogue all the time, no one is too busy to talk to you. There is always someone on hand to help and they are always checking on people".

Everyone we spoke with during the inspection said they would recommend the home to others and staff all said they would be happy for their own relative to live at Roop Cottage. One person said, "I feel at home here, I can do what I like. It's not regimented". Relatives said, "People are well looked after. We visit often and we know nothing goes wrong, everyone seems happy" and "There's a calm environment. The resident: staff ratio seems good. There's personal attention and interaction" and "It's just like a big family here".

We observed how all visitors to the home were made welcome and offered a drink, and staff took time to chat when passing people in the corridor.

We found there was an open and transparent culture in the home, with emphasis on communication throughout the staff team. There was a poster reminding staff to be professional and this was reiterated after every staff meeting and recorded on the minutes. The registered manager told us they always emphasised how Roop Cottage was people's home, rather than just staff's workplace.

Staff we spoke with told us they felt confident in their roles and their lines of responsibility were clear. We saw the registered manager gave clear direction for staff to know what was expected of them. Staff told us they were encouraged to approach the registered manager about any matters should they need to. Staff told us they felt supported in their work and felt the home was run well. Staff said the registered manager worked alongside them in the team and they were 'firm but fair'.

Relatives told us the manager valued their views and they felt comfortable raising any issues for discussion. Relatives said they were encouraged to be involved in their family members' care. Where appropriate.

At the last inspection we noted some quality checks were not robust enough to ensure quality was maintained and did not sufficiently identify areas that required improvement. At this inspection we found



the registered manager had improved measures for assessing and monitoring the quality of the service provision. For example, there were more robust regular audits of medicine administration, storage and disposal and general cleaning. Where the premises needed upgrading to ensure higher standards of cleaning, the registered manager prioritised the refurbishment of bathrooms. They told us there was a schedule for other work to be done, although acknowledged this was slow progress due to financial constraints.

Other regular audits included catheter care, kitchen and food preparation, and policies and procedures. The registered manager carried out audits of staff practice and spot checks as required. For example, we saw records of handwashing observations, toilet brush checks, staff uniform and dress code. Improvements were highlighted through routine audits and where necessary action was quickly taken. Maintenance records for the premises and equipment were organised appropriately and available for inspection.

Policies and procedures were clearly documented and regularly reviewed. Staff we spoke with told us they knew about these.

Quality assurance questionnaires were completed by people and we saw these were individually written and signed. We saw documented solutions where people raised comments for improvement.