Bupa Care Homes (ANS) Limited

Norewood Lodge Care Home

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

The inspection took place on 11 January 2017 and was unannounced.

Norewood Lodge Nursing Home is a care home providing accommodation for up to 48 people who require nursing and personal care. During our inspection there were 40 people living at the home. The home is set out over three floors and provides support to older people, younger people with health conditions and short stay accommodation.

We inspected Norewood Lodge in October 2015. At that Inspection we found the provider to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations included; Safe care and treatment and Need for consent. The provider wrote to us with an action plan of improvements that would be made. They told us they would make the necessary improvements by February 2016. During this inspection we saw the improvements identified had been made.

There was a registered manager in post at the service. 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.

Some of people's care plans needed updating and required additional information and care records were not always completed fully by staff, the registered manager had a plan in place to address this. .

People, their relatives and staff said the home was a safe place for people. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely.

People were supported by a sufficient number of staff to keep them safe. Risk assessments had been carried out and they contained guidance for staff on protecting people. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People were complimentary about the food provided. Where people required specialised diets these were prepared appropriately.
People's rights in relation to decision making were upheld.

Staff had enough training to keep people safe and meet their needs. Staff understood people's needs and provided the care and support they needed. People received support from health and social care professionals.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring.

There were organised activities and people were able to choose to socialise or spend time alone. There were strong links with the local community. People and relatives felt able to raise concerns with staff and the manager.

Staff felt well supported by the registered manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the registered manager and felt the home was well led.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to recognise and report abuse.

People's medicines were administered and stored safely.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

Risks to people were identified and plans were in place to reduce the risks.

Is the service effective?

Good

The service was effective.

People were supported by staff who received enough training to carry out their role.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decision for themselves.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Is the service caring?

Good

The service was caring.

People were supported by caring staff.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received support that was personalised and responsive to their needs.

People had access to a wide range of activities.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good

The service was well led.

People were supported by staff who felt able to approach their managers.

Systems were in place to monitor and improve the quality of the service for people. Where there were shortfalls in the service these were identified and actions were in place to address them..

People were supported by staff who were aware of the aims of the service.

Norewood Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 January 2017 and was unannounced.

The inspection was completed by one inspector and a specialist advisor who was a nurse.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with five people and one relative about their views on the quality of the care and support being provided. We also spoke with the registered manager, the regional director and eleven staff including the chef, the maintenance person, the housekeeper and activity coordinator. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for six people. We looked at records about the management of the service. We also received feedback from one healthcare professional and four relatives following our visit.

Good

Is the service safe?

Our findings

The service was safe.

At our last inspection in October 2015 we identified that people were at risk of receiving unsafe care because risks to people were not always identified and measures were not in place to reduce the risk. During this inspection we found the provider had taken action to address our concerns. For example, where people were using bed rails, these were assessed to ensure they were safe to use. The regional director told us the service had purchased beds that could be lowered to the floor to reduce the amount of bed rails required in the home. The regional director also showed us records of their recent visit to the service where they checked bed rails were being safely used and questioned staff on their safe use. This meant risks to people were being identified and measures were in place to reduce risk.

People were also able to take risks as part of their day to day lives. For example, some people who were independently mobile could walk safely in the home. People had call bell pendants on them to enable them to summon staff support if needed. One person told us, "My call bell works well for me, It makes me feel safer."
Records demonstrated assessments were undertaken to identify risks to people. They gave information about how these risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as moving and handling, risk of falls, risks of malnutrition and risk of pressure ulceration. The staff we spoke with were aware of these risks and the measures in place to reduce them.

People told us they felt safe at Norewood Lodge. One person said, "I feel safe and happy here" another commented, "I feel safe."
People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. One relative told us, "Yes, I am confident that [Name of relative] is safe." Other comments included, "We are totally confident of [Name of relatives] safety at all times" and "Yes, no worries."

Staff also felt people were safe living at Norewood Lodge. One staff member said, "Yes, they are safe here I've no concerns." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission. One staff member said, "I am confident [name of registered manager] would deal with it, but if they didn't I would go higher or to CQC if needed." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I am confident to report any concerns, it's part of our role". This meant people were supported by staff who knew how recognise and respond to abuse.

People were supported by a sufficient number of staff to keep them safe. People told us they were supported by enough staff to meet their needs. One person commented, "You just press the bell and they

arrive." Another said, "They don't always come at once, but they always come."

Relatives also told us there were enough staff available to meet people's needs; however two relatives thought staffing was 'stretched' at times. One relative thought this could be due to the layout of the building and staff not always being visible. Comments included; "We believe staffing is good. Nursing cover is strong", "There always seems to be enough staff to meet all the residents' needs."

Staff told us they thought there were enough staff available to meet people's needs. However they commented there were occasions when they were very busy due to staff phoning in sick at the last minute and them not being able to arrange cover. One staff member said, "We can't always get staff cover for sickness, but overall the staffing levels are good."

During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly. We looked at the staff records and discussed staffing levels with the registered manager and regional director. They told us that staffing levels were based on people's individual needs. They explained to us a tool they used to determine the support level of each person and their staffing levels were based around this.

The registered manager confirmed their staffing levels with us. We looked at the staff rota for four weeks and saw on occasions due to staff sickness staff were working below this level. The registered manager told us although the staffing levels had reduced, they were still safe. Staff told us at these times staff working on the other floors would help out, they also confirmed although these times were busy they did not think the staffing levels were unsafe. This meant people were supported by safe staffing levels.

People told us they were happy with the way staff supported them with their medicines. One person told us, "Yes, I am happy with that" another commented, "I always get my tablets and if I am in pain I get pain relief, they are very on the ball with that."

People had medicines prescribed by their GP to meet their health needs. We saw one person received their medicines covertly which meant they were hidden in food. The person's GP and a pharmacist had been contacted to ensure the methods used were appropriate and safe for the medicines prescribed. Another person managed their own medicines. We saw there was a risk assessments in place and staff supported the person to complete weekly stock checks to ensure this practice was safe.
We observed medicines being administered by the nurses and this was carried out safely. However, we noted during the medicines round the nurse was interrupted on several occasions. This meant the nurse may not be able to fully concentrate on administering medicines and could be at risk of making a mistake. We discussed this with the registered manager and regional director who told us there had not been any medicines errors; however they would ensure this was looked into to reduce the likelihood of interruptions.

Medicine Administration records (MARs) included information on why medicines were needed. MARs were accurate and up to date. Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at the home. All medicines were stored securely, including those which required additional security. Records confirmed medicines were checked weekly by the deputy manager and monthly by the registered manager to ensure they were being managed safely.

Staff received medicine administration training and had a competency check before they were able to give medicines to people. The registered manager completed on-going competency checks on staff to ensure they remained competent to administer medicines.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

Good

Is the service effective?

Our findings

The service was effective.

At our last inspection in October 2015 we identified people did not always receive effective care because the correct procedures were not always being followed where people lacked capacity to make decisions for themselves. We found people's rights weren't fully protected because the service was not following the principles of the Mental Capacity Act 2005.

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.

During this inspection we found the provider had taken action to address our concerns. For example, where people lacked capacity to make decisions assessments were carried out and best interest decisions were made, we saw the principles of the MCA had been followed. Decisions covered included use of bedrails and medicines being disguised in food. We found one record however where a person's next of kin and the deputy manager had signed to state they gave consent for access to care documents. Whilst the person's next of kin and staff would be involved in making the best interest decision for the person, there was no capacity assessment to demonstrate the person lacked capacity to make the decision themselves. We discussed this with the registered manager and regional manager. The regional manager told us the provider was in the process of reviewing their paperwork around the MCA which would provider clearer recording processes in line with the Act. We found where people were able to give their consent this was recorded in their care records.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS and the registered manager had made four further applications to the local authority. This meant people's rights were being protected.

People told us they were happy with the food provided. Comments included; "The food is not bad at all, you can choose what you want eat when you want", "The food is good" and "The food is excellent."

There were two hot meal options on the menu daily and the menus were seasonal. We spoke with the cook who told us if someone wanted something different on the day they would offer different choices. The cook demonstrated knowledge of people's likes and dislikes and dietary needs and they had a list of these available in the kitchen. Drinks and snacks were available 24 hours and people had jugs of water and juice

available in their rooms. People who were at risk of malnutrition were regularly assessed and monitored by staff and the cook had access to information where people had lost weight in order to provide more calorific meals. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these. This meant people's preferences and dietary needs were considered.

There was a calm and relaxed atmosphere in the dining room during lunchtime. People had access to drinks of their choice including a choice of alcoholic beverages; there were also condiments available on the table if they wanted them. People who required support with eating their meal were assisted by staff in a discreet and unhurried way.

People and their relatives felt that staff were suitably trained, knew people well and had a good understanding of how to meet people's individual needs. One person commented, "The carers have a lot of experience and they know me well."

Staff received a range of training to meet people's needs and keep them safe. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support the people who lived in the home. Staff told us the induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "The induction was really good and in depth, it covered everything."

Staff described the training as, "Good" and "Enough to do the role." They had enough training to keep people safe and meet their needs and they felt able to request any further training they needed with the registered manager. One staff member commented they thought they would benefit from training in dementia to enable them to support people living with this. The registered manager told us they had planned for a training session in dementia to be delivered later in the year. This meant the staff were supported to attend training relevant to their role.

All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as nutrition and hydration. We looked at the provider's training records which identified some staff required updated training in some subjects. The registered manager had dates booked for staff to attend the required training sessions.

Staff told us they had formal supervision (a meeting with their line manager to discuss their work) to support them in their professional development every six months and they felt supported by their managers. They told us supervision gave them an opportunity to discuss their performance and identify any further training they required. Staff also attended group supervisions and completed reflective learning forms to identify their learning following training to support them in their development. One staff member told us, "We have supervision every six months, you look at what you would like to do in the future they are good." Another commented, "We receive feedback, its positive. The nurses are always around if you need support and [name of registered managers] door is always open." This meant people were supported by staff who received support from their managers.

People's health care was well supported by staff and by other health professionals. One person told us, "If I am unwell they get the doctor out quickly." People's care records showed referrals had been made to appropriate health professionals when required. When a person had not been well, we saw that the relevant healthcare professional had been contacted to review their condition. This meant people's healthcare

needs were being met.

A local GP visited the home weekly and relatives told us they kept up to date with any changes to their family member's health. Relatives were confident staff would pick up on any changes to their family members health commenting they knew their family members well. Visiting professional commented the staff followed their advice and guidance and they had good working relationships with the staff.

Good

Is the service caring?

Our findings

The service was caring.

People told us the staff at Norewood Lodge were kind and caring. Comments included; "The staff are very good and kind, I am very happy here. Anything I want I only have to ask, they are there if I need them", "The staff are very good, the care is very good here" and "The staff are excellent, they are lovely and thoughtful." Relatives also commented positively about the staff, one relative told us, "Staff are always caring and responsive." Another commented, "[Name of relative] enjoys excellent relationships with staff, both nursing and carers."

People and their relatives thought staff knew people well. One person said; "The carers know me well". Relatives commented, "Yes, very well and they communicate well." Throughout our inspection we observed staff interacting with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Staff talked positively about people and were able to explain what was important to them such as people's past life history, clear communication, specific radio channels and people's family members. This meant people had developed positive relationships with the staff.

People's care plans included a document that provided personal information relating to the person's life history including their previous occupations and family details. Information such as this is important when supporting people who might have dementia or memory loss. The staff we spoke with had a good knowledge of this information.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. They also told us they felt involved in making decisions about their care. One person told us, "You have every opportunity to speak up and be involved in your care. "A staff member commented, "People can choose what they want to do it's up to them, we know people can still think for themselves." This meant people were involved in making decisions about their care and support.

The provider told us in their PIR 'Resident's privacy is respected.' We found evidence of this during our inspection. People and relatives told us staff respected people's privacy, one person told us, "They always knock on the door." Another commented, "They always knock on my door and close the curtains." A relative told us, "They treat [name of relative] with dignity when administering personal care, keeping the door closed ensuring privacy."

We observed staff treating people with dignity and respect. For example, ensuring they were on the same eye level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. We observed people had signs on their doors that indicated when they were receiving care; these were used to ensure nobody entered the room at this time. Staff had an understanding of confidentiality; we observed they did

not discuss people's personal matters in front of others. All records relating to people were stored securely. This meant people were supported by staff who understood the importance of respecting people's privacy and dignity.

People also told us staff supported them to maintain their independence. One person told us, "They encourage me to do things for myself." Another said, "The help is there if you need it but they respect your independence." This meant people were supported by staff who promoted their independence.
We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included; "Thank you for all the wonderful care" and "Thank you for all the care, kindness and friendships."

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency. Visiting professionals also commented the staff were welcoming and friendly.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care and support which was personalised to their needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person had moved into the home. Each person had a care and support plan that was personal to the individual and they gave information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their likes and dislikes, what was important to the person, how they wanted to be supported, their life history and how they communicated.

We found some of the care plans were in need of updating and required additional information. We also found there were gaps in some people's records. However, these did not impact of the delivery of care to people and staff were aware of the support people required.

People and their relatives contributed to the assessment and planning of their care where they were able to. One person commented, "I know about my care plan". Relatives told us, "Yes, I have attended care plan reviews and this has been useful for [name of relative] and me. Also I can raise anything at any time if I am concerned." We saw evidence of people being involved in developing and reviewing their care plans in records. This meant people and those important to them were able to contribute to the assessment and planning of their care.

People told us they had the opportunity to take part in the activities within the home if they wanted to. Comments included; "There are quite a lot of activities and you don't have to join in if you don't want to", "I am happy to join in the activities here" and "There is enough going on, I like the quizzes and the exercises." Relatives were also happy with the activities on offer.

There were a good range of activities available for people to participate in. We saw the events timetable for the month of January 2017 and this included; a 'pat' dog visiting for people to pet, celebrating Chinese New Year, owls visiting the home, an RSPB bird watch weekend and line dancing. The activities coordinator told us how they were arranging regular food tasting sessions. They said this had previously involved haggis being tasted and the response from people was positive so this had been added to the menu. They said the next tasting session was for cider to be tasted.

The activities coordinator explained how they spent time with people on a one to one basis. They said they tailored these sessions to meet the needs of the individual. For example, talking about people's past history and interests, reading newspapers and offering hand massage. They recognised the importance of being with people and described how they spent time with one person holding their hand and talking about the person's family. They told us, "I love the job and I feel I make a difference, seeing people's eyes smile." The people we spoke with and relatives spoke positively about the activities coordinator. People also told us staff painted their nails for them if they requested this. This meant people were supported to engage in a

range of meaningful activities to meet their needs and preferences.

The home had local links with the community and had an arrangement where a local school joined in with a 'paint pals' project. This involved local school children linking with people and developing friendships through painting and writing postcards. One person told us they, "Enjoyed this thoroughly." Other community links included; the local beavers club, a local child minder with children, the local church and local choir. A relative told us, "Links with local community are strong. All these activities are critical to [name of relatives] wellbeing." The activities coordinator explained how they had, "A passion for getting the community in." This meant people had the opportunity to be part of their local community.

People said they would feel comfortable raising a concern if they needed to. One person told us, "I have never had to complain but I know how to, I would go to the manager." Another commented, "The manager is always around and you can raise any concerns. I've no complaints, sometimes concerns and they deal with what arises." Relatives told us they felt able to raise concerns with the registered manager directly and they were confident they would be listened to.
There had been five formal complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised.

The provider told us in their PIR 'The home has regular resident and relative's meeting which are held quarterly, chaired by the Home Manager, and supported by heads of department. Actions are taken after these meetings and an improvement plan put in place to ensure that the service continues to evolve to meet the needs of the residents.' 'We found evidence of this during our inspection.

People told us they attended residents meetings and felt they were listed to. Comments included; "Residents meetings are a good opportunity to say what you think and they follow things through." and "We talk about food and activities you can give your feedback." One relative told us, "[Name of relative] attends residents meetings where they make their views known. These are taken on board."

Residents meetings had been held every three months for people to raise concerns and receive information relating to the service. The registered manager told us residents meetings would be held monthly going forward into 2017. We saw records of these meetings and they covered items such as welcoming new residents, meals, news relating to the home such as refurbishment plans, housekeeping and laundry. Minutes demonstrated people's views were sought and action points were set as part of their feedback. For example, we noted in a meeting the residents requested the service arranged for birds of prey to be brought the service. We noted this had been arranged for January 2017. This meant people were able to express their views and be involved in the running of the home.

The service demonstrated it listened and responded to people's views through the use of a 'You said, we did' notice board. This was a notice board displayed in a communal area noting the action the service had taken in response to people's views. For example, people said they wanted more food tasting and one to ones and we saw this had been arranged.

Annual satisfaction surveys were also undertaken to receive feedback from people using the service and their relatives. The survey included people's views on areas such as views on staff, their bedrooms, food, communal rooms, the building and grounds and activities. The registered manager told us they were in the process of collating the feedback from the 2016 survey.

Good

Is the service well-led?

Our findings

The service was well led.

At the last inspection in October 2015 we found the systems in place designed to monitor the quality of the service were not fully effective. They did not always identify improvements needed within the service. At this latest inspection we found improvements had been made. There were a range of audits carried out by the registered manager. These covered areas such as; medicines, care plans, health and safety checks, infection control and nutrition. The audits had identified the shortfalls we found during our inspection in relation to people's care plans and we saw action was being taken in response to this.

For example, we found some of the care plans were missing information and people's records were no always complete. Several people required support from staff to transfer between their bed and chairs using a hoist and sling. Whilst there were moving and handling risk assessments in place for this, there were not always details in the assessment of the size of the slings used to support them whilst using a hoist. This meant there was a risk of staff using an incorrect size sling.

We spoke with the staff who were aware of the correct slings to use. Whilst staff were aware of the needs of people, the information would not be available if regular staff were unavailable to support people. We spoke with the registered manager who informed us there were always familiar staff available to support people, staff confirmed this. We also noted people had their individual slings in their rooms. The registered manager said they would ensure the assessments would be updated to include this information.

Staff recorded information about each person during each shift. These records included information about specific aspects of the persons care. For example, fluid intake and people being supported to reposition their bodies to prevent skin ulcers. We also found the records were not consistently completed. We looked at two people's records where they required staff to support them to reposition themselves every three hours to prevent pressure ulcers. We found gaps in the records of up to 15.5 hours in between repositioning. This meant complete and accurate records were not being completed for these people and it was unclear if this care was being delivered.

We spoke to staff who told us they repositioned these people every three hours and we noted no one living in the home had pressure ulcers which indicated the care required was being delivered. We discussed this with the registered manager who told us they would ensure people's records were completed to reflect people's care.

The registered manager showed us their home improvement plan where the care plans had been identified as an area for improvement. The regional director told us they had arranged for a clinical lead within the organisation to attend the home and support the registered manager with updating the care plans. We saw the registered manager was in the process of completing this.

The regional director carried out regular visits to the home to conduct their own checks. During these visits

they checked internal audits, looked at people's records, spoke with people and with staff and observed staff practice. They wrote a report after each visit which included an action plan when improvements were required. The action plan fed into the 'home improvement plan' this was regularly reviewed and updated noting the action that had been taken in response to any shortfalls in the service. This meant the service was effectively monitoring and reviewing the service provided to people.

All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Where these were identified measures were put in place to reduce the likelihood of incidents occurring. For example, one person was identified as falling in their bedroom and the person was supported to re-arrange their room to prevent the likelihood of further falls. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

People and their relatives said the home was well run. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home. They were supported by a deputy manager, qualified nurses and a team of senior carers and carers. The registered manager told us they promoted an, "Open door policy" for staff to raise any concerns. They told us they completed a 'Clinical' walk around the home daily to observe staff practice and talk to people to enable them to raise any concerns. Care staff also spoke positively about management and the culture within the service. One staff member told us, "The manager has always been fantastic and supportive, you can approach them their door is always open." Another staff member commented, "You can just go in and see [name of registered manager], their door is always open." This meant people were supported by staff who felt supported by their manager.

The registered manager was a registered nurse and they told us they kept themselves up to date with best practice by attending training. They also told us they attended monthly managers meetings where they shared good practice. They said these meetings were used to cascade information and learn from each other. The regional director told us they registered manager was a mentor for other home managers when required. The registered manager told us they were well supported by the regional director commenting the support they received was, "Wonderful."

The key aims of the service were described in the home's statement of purpose. Two of the service's key aims were to 'To treat our residents as individuals, supporting independence and lifestyle choices, encouraging full participation in decisions about their care, support and in the running of their home' and 'To enable our residents to meet their full potential through well planned support and care delivered by dedicated and capable staff, who put their residents at the heart of everything they do'. Staff comments regarding the aims of the service included, "For people to be treated with respect, to have a good and happy life" and "To be there for people and enable them to be independent and go home if they are able to." This meant staff shared the aims of the service.

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Action points were set at the end of each meeting for staff to complete; these were reviewed at the following meeting each month. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "We have regular staff meetings and they are good. [Name of registered manager] goes around and asks everyone if they have anything to say, you can voice any concerns. You don't have to wait for a staff meeting though, their door is always open." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to.