

Normanton Limited

Normanton Lodge

Inspection report

14 Normanton Avenue
Bognor Regis
West Sussex, PO21 2TX
Tel: 01243 821763
Website: There was not one at the time of visit.

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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 

Overall summary

The inspection at Normanton Lodge Residential Home took place on 14 and 15 September 2015 and was unannounced. Normanton Lodge provides personal care and accommodation for up to 26 older people, some of whom were living with dementia. At the time of our inspection there were 21 people using the service.

Accommodation is on two floors and there is a lift for access between floors. There is a conservatory leading onto the garden which is wheelchair accessible. The garden had a raised flower bed for people in wheelchairs to access, vegetable plot and a choice of sitting areas.

There are separate areas in the home where residents can go for privacy and see visitors.

The home had a registered manager who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they felt safe, secure and well cared for.

Summary of findings

The home had systems and checks in place that were used with the intention of keeping people safe. Accidents and incidents were dealt with in a timely manner and any actions and lessons learned were recorded and reviewed by the provider to ensure future risks were minimised.

Staff knew what actions to take should they suspect abuse and received appropriate training in keeping people safe.

The provider had arrangements for the safe ordering, administration, storage and disposal of medicines. People were supported to take their medicines at a time when it was needed.

People were supported to maintain good health and had access to health care services when it was needed. People were supported to eat a nutritionally balanced diet and were given choices of meals.

The registered manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed staff had attended training in MCA and DoLS.

People received care and assistance from staff who knew their needs well.

Each person at the home had their own care plan and their needs, choices and preferences had been clearly documented and were known to staff.

People were supported to maintain contact with their family and friends and visitors were welcomed to the home.

We found there were sufficient staff to meet people's needs and call bells and requests for assistance were responded to in a prompt and timely manner.

The provider sought feedback on the care it provided and monitored the home to ensure that care and treatment was provided in a safe and effective way and when necessary changes were implemented.

Any complaints that were received were documented along with the actions taken.

There was an effective system in place to monitor the quality of service provided.

We last inspected the home in February 2015 and found it was not meeting nine of the regulations at that time. These were in relation to consent to care and treatment, meeting nutritional needs, safeguarding people who use services from abuse, management of medicines, safety, assessing and monitoring the quality of service provision, safety, availability and suitability of equipment, staffing, supporting staff and records.

Following our last inspection the provider sent us an action plan to tell us the improvements they were going to make.

At this inspection we found the actions we required had been completed and these regulations were now met.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives thought the service was safe.

Staff knew the procedure to follow if there were allegations of abuse.

There were sufficient staff available to provide care to people safely.

Medicines were stored and administered safely by suitably qualified staff.

Recruitment procedures were robust and ensured that suitable people were employed.

Good



Is the service effective?

The service was effective.

The principles of the Mental Capacity Act and Deprivation of Liberty Safeguards were known and followed by the registered manager and their staff.

People were referred to the relevant health care professionals when required, which promoted health and wellbeing.

People's dietary requirements with regards to their preferences, needs and risks had been met.

Good



Is the service caring?

The service was caring.

People and their relatives told us they liked the service and the way staff cared for people.

We saw that people were treated with dignity, kindness and compassion.

The staff knew the needs of the people well and took an interest in their well-being.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's individual needs and preferences.

People were encouraged to share their views about the service.

People knew how to make complaints. Records showed that they were responded to and addressed appropriately.

People had opportunities to engage in a range of social activities that reflected their interests.

Good



Is the service well-led?

The service was well led.

The service had effective quality assurance and information gathering systems in place.

Good



Summary of findings

The registered manager had frequent direct contact with people, their relatives and with staff members. They were therefore able to seek and receive frequent feedback about the service provided.

There was a system of checks and audits in place to assure and improve the quality of service provided.

Normanton Lodge

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.

Before the inspection, we reviewed the information we held about the service, including positive feedback about the service from two relatives, the previous inspection report and notifications the provider had sent us. A notification is about important events, which the provider is required to send to us by law.

This inspection took place on 14 and 15 September and was unannounced.

The inspection team comprised of two inspectors and a specialist advisor.

The specialist advisor was a nurse with experience of mental health, dementia and medicines management.

On the day of our inspection we spoke with four people at the service, two staff, the registered manager, four visiting relatives and one health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

During the inspection we looked at records and documentation relating to the running of the service. We reviewed eight care plans, seven staff personnel files and records in relation to the management of the service such as audits and checks.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care and support provided at the home. One relative said, "My mum is very happy here." They went on to say, "My mum feels safe and secure, if she feels good, I feel good." A person living here said, "They keep making sure I'm happy and have got what I need, it's lovely and clean."

When asked if they knew who to speak with if they ever had a problem, the person stated they would speak to the registered manager.

A relative said, "My mum is very safe and comfortable here. For example, people aren't left waiting to go to the toilet. There always seems enough staff around and they understand what is important to people."

A person said "It feels like home. I enjoy the bingo and there is a mix of things to do with other people and being able to rest. I like going to the dining room for my meals. I get up and go to bed when I chose. There were enough staff around to have help when I need it."

At our previous inspection we found improvements were needed in relation to the management of people's medicines in order to ensure their health, safety and welfare. During this inspection we found improvements had been made to the management of medicines and this regulation had now been met. People we spoke with told us they received their medicines when they needed it. We spoke to a health care professional who told us there had been progress and improvement in this area since the last inspection. We looked at the arrangements in place for the storage and administration of medicines and found these to be safe. There were two suitable lockable storage units, one had been secured to the wall the other had not. We fed this back to the registered manager who made arrangements for this unit to be secured to the wall at the time of our visit.

We found that people were supported to take their medicines by staff trained to administer them safely. Records completed confirmed people received their medicines on time and as prescribed. The home had a Covert medicines policy for when medicines were put in people's food. There was no one at the time of visit who needed this has a form of administration of medicine. The home had a PRN medicines policy for when medication is prescribed for when needed. Staff who were trained in

medication administration were competency assessed by the deputy manager and manager. Staff were able to explain the medication routines for people and the procedures when spoken with. We observed medication being given with attention to individual needs, it was carried out safely and recorded on the chart correctly. Time and patience was taken with each person to ensure they took their medicines in a safe and dignified way. During our inspection we saw a lot of warm, positive and gentle interactions between staff and the people living at the service. There were suitable arrangements and clear policies in place in relation to safe storage, management and disposal of people's medicines, including controlled drugs. Medicines were now managed in a safe way and people received them as prescribed.

At our previous inspection we found improvements were needed in relation to safeguarding arrangements. Where an abuse allegation was made, the proper agencies, such as West Sussex County Council or the Care Quality Commission had not been notified. This meant that potential safeguarding situations were not known to all agencies that had a responsibility to monitor people's safety and wellbeing. During this inspection we found improvements had been made to the management of safeguarding and this regulation had now been met.

The provider's policy and procedures had been updated since the last inspection to reflect which agencies needed to be notified in the event of an allegation being made. Staff said they felt confident to raise any concerns they may have about people's care. Staff told us they knew they could report concerns internally and to relevant outside agencies. On the noticeboards there was information to explain what to do and who to contact if anyone felt unsafe or at risk from any kind of abuse. This indicated that the provider and staff were aware of local procedures and worked collaboratively with professionals in protecting people from the risk of abuse.

At our previous inspection we found improvements were needed in relation to the provision of safe staffing levels. During this inspection we found improvements had been made to staffing levels and this regulation had now been met. At this inspection we found that staffing levels were sufficient to support people safely. We spoke with the registered manager about staffing levels at the home. She showed us the dependency assessment tool used to determine the number of staff that should be on duty which was based on

Is the service safe?

people's needs and risks. We found staffing rotas reflected these planned levels. We saw when people used their call bells or asked for assistance, staff responded in a timely manner. More staff had been recruited for the morning which meant staff could spend more time with people, supporting personal care and with breakfast.

The rota of staffing confirmed there were five staff on in the morning, three staff on in the afternoon and two staff on during the night (8pm to 8am). An activity coordinator worked Monday to Friday 9am to 3pm. A chef and kitchen assistant were employed Monday to Sunday during meal times. House keeping staff worked Monday to Sunday to ensure the service was clean and so deep cleaning of bathrooms could be completed regularly. Agency staff had been used for one shift during 2015. The agency staff provided the service with a profile of training, photo and skills so they could ensure that suitably qualified staff were used to cover shifts. On the first day of our visit, the service was one staff member short due to unexpected sickness. The registered manager had chosen to cover the shift herself so that the residents had continuity. Rotas showed that this was not a regular occurrence. Throughout the day we observed staff responded quickly and promptly to people's requests for support and call bells were answered without delay.

Staff we spoke with told us staffing levels ensured people's safety, they felt the quality of people's care had improved due to the increase in staffing provided in the morning for personal care. This was due to an activity coordinator now in place who worked five mornings a week. This has allowed staff more time for supporting personal care.

People were cared for by staff who had demonstrated their suitability for their specific role and the provider carried out thorough recruitment checks.

Recruitment procedures included Disclosure and Barring service (DBS) checks, an application form that required a

full employment history and references along with suitability, knowledge, skills and experience. This meant staff had been checked to ensure their suitability to care for people living at the home.

At our previous inspection we found improvements were needed in relation to managing risks associated with moving and handling. During this inspection we found improvements had been made and this regulation had now been met. People were hoisted and supported in line with the care plans and guidelines stated. There was appropriate communication between the person and staff with time and reassurance given. Risk assessments for malnutrition and skin integrity were detailed and regularly reviewed. Staff said they understood these plans and were able to talk about them showing their knowledge of the individual needs and risk management.

Care plans included moving and handling assessments, risk assessments and clearly documented what size and type of sling to use for each person. Each person had their own allocated sling. Training records reflected that staff had been trained in using this equipment.

Each person had a personal emergency evacuation plan (PEEPS) and we saw documented evidence of fire evacuations taking place monthly. Emergency evacuation equipment was situated and stored safely at the top of the stairs, in a corner of the lounge and in some of the bathrooms.

The premises and equipment were maintained to a safe standard. Day-to-day repairs were attended to by the service's maintenance staff. We saw evidence of contracts for the servicing of utilities such as gas, electricity and water along with equipment such as hoists and wheelchairs.

This demonstrated that systems were in place to monitor the safety of the premises and ensure staff and people were familiar with emergency procedures.

Is the service effective?

Our findings

At our previous inspection we found improvements were needed in relation to the way applications for Deprivation of Liberty Safeguards (DoLS) were completed. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. At the last inspection we found that the registered manager had completed DoLS applications without first having completed capacity assessments. During this inspection we found improvements had been made and this regulation had now been met.

Records we looked at showed where people lacked the capacity to make decisions regarding their care and treatment, the Mental Capacity Act 2005 (MCA) had been followed. This is a law that protects and supports people who do not have the ability to make decisions for themselves. This included carrying out mental capacity assessments in consultation with the individual, relevant people and professionals. This meant people's legal rights were being maintained when they lacked capacity to make decisions at the time to ensure decisions were made in their best interest.

The provider had recognised that people may have been cared for in a way that deprived them of their liberty to keep them safe and had followed appropriate processes.

The registered manager had made appropriate applications under the Deprivation of Liberty Safeguards (DoLS) after first assessing individuals' capacity to consent to their care and accommodation.

On the last inspection we found only three of the eight staff had received training in relation to dementia, diabetes, MCA and DoLS despite people who lived at the home having needs in these areas. During this inspection we found improvements had been made and this regulation had now been met.

All staff we spoke with said they received the training they needed to perform their respective roles. They said the arrangements for training were really good and they were always encouraged to attend. Everyone we spoke with described the induction and training as good.

Staff and working towards completing the Care Certificate. The Care Certificate is a set of fundamental standards that health and social care workers work towards. The training records demonstrated staff had received the training and support they required to meet people's individual needs.

This included topics such as moving and handling, health and safety, infection control and food hygiene, first aid at work, identifying and reporting allegations of abuse, MCA and DoLS, safe handling of medicines and fire safety. Additional training that had been completed and promoted was dementia, 'nutrition and people's rights'.

All staff said they received regular individual supervision and periodic appraisals. Staff stated they felt supported and the manager was approachable. Records demonstrated supervision was in response to situations rather than planned. Appraisals had been completed for all staff, we saw this included a performance assessment and a self-assessment completed prior to the appraisal meeting.

At our previous inspection we found improvements were needed in relation to how information about people's diet and nutrition needs were managed and recorded. During this inspection we found improvements had been made and this regulation had now been met. Monitoring charts for people that needed to be completed were done so fully and regularly reviewed. This enabled the staff to know if the support being provided was meeting individual needs.

People told us they enjoyed the food and it catered for their individual choices and preferences. People described the food as, "good" and "tasty," and said that mealtimes were flexible to meet their needs and requests.

Relatives' feedback about the quality of the food was mixed. One relative stated, "The meals are excellent" while another stated "food, looks like its done on a budget and could be more nutritious."

During the inspection people were offered alternative food and choices that were not on the menu and this encouraged people to eat according to their preferences. Staff were aware of people's favourite foods when the person was unable to communicate this. People were supported and encouraged to eat a healthy balanced diet, suitable for their individual needs and personal tastes.

We observed direct assistance being given to three people in their rooms at lunchtime. A member of staff had not

Is the service effective?

officially started on shift but was assisting a person as the home was one staff member down. The staff member said “all staff in the home were involved in meal time support [meaning house keeping staff and support staff] as people chose to eat in the dining room, lounge and individual rooms right across the home, but only support staff gave direct assistance to eat.” The staff member said “X [name of resident] could not speak but it was important to talk to her in ordinary conversational style”, which we had observed them doing.

We observed the staff member asking the person to indicate when she wanted each spoonful of their meal and to show if she wanted the radio left on.

The provider assessed and monitored people at risk of malnutrition or dehydration using an assessments tool which was needs led.

In the kitchen there was a clear plan of who was a diabetic and what their diet consisted of. A clear guide was available for different food textures required (such as pureed meals) for people at risk of choking. All meals seen at lunchtime were presentable. These plans were compiled with the input of speech and language therapist and/or dietician.

The provider had systems in place to ensure the health and well-being of people.

For example, there were weekly visits from the district nurse, who reviewed people’s health needs. The visits meant the nurses were updated in relation to any changes, improvements or deterioration in people’s condition and a treatment plan could be put in place in response to this.

Staff worked proactively and in partnership with health professionals.

Feedback from professionals confirmed this was happening and working well.

A district nurse visiting the service at the time of our visit said “Referrals are made promptly through our proper system. Care staff are interested and we go through things with them. They always accompany us and we discuss with them what we are doing at every visit, and with the registered manager if they or we think it is necessary. Staff have a general understanding of pressure area care and of working with the consent of the resident; they explain to residents who the nurse is and why they have come. The home always presents as homely and caring. All the staff are approachable and I have seen only good interactions. The environment is clean and odour free. No adverse comments have been made from any other district staff. Care staff follow any care guidance given and know they are free to access district nurse notes.”

Staff told us, as people’s health changed, there would be a referral made to the relevant health professional for advice and guidance. Records confirmed this and we found staff had contacted the Speech and Language Therapist (SALT) for assessment and advice. Instructions had been provided and had been transferred into the person’s care plan for continuity and consistency.

Is the service caring?

Our findings

All the people receiving care spoke very highly of the staff and one individual told us, “Care is excellent,” and, “Staff know my needs and how to support me.”

One relative told us, “We wouldn’t want X [person’s name] to live anywhere else. Her hair is always done nicely, clothes always match, room is always clean and her nails are always painted.”

Another relative stated they saw Normanton Lodge as the best home for their family member. They had seen a good balance between organised activity and an everyday lifestyle that was relaxed and caring. They had seen all staff interacted well with each other and with people. They commented, “I haven’t seen anything I haven’t liked, and would be the first to say if I thought there was anything wrong or unsafe.”

Another relative wrote to us to say, ‘All the staff are very caring and nothing seems to be too much for them.’

We observed one staff member encouraging a person while they were using a walking aid, stating “take your time . . . you’re doing well” and placing their hands on the person’s arm in an encouraging way.

Staff had formed good relationships with people we found staff interacted with people in a positive manner. The staff in the main lounge communicated with the people respectfully, in a form that was easily understood and enriched communication.

For example, we observed staff using a gentle and reassuring touch on people’s hands and shoulders which people responded positively to. We saw staff ensured they

were sitting down with people at the same eye level to encourage clear communication. We saw staff talking with people about mutually interesting topics and these interactions were respectful.

We observed that when a game of Bingo was in progress, one person with limited sight found it difficult to see the boards. They were encouraged to assist with calling the numbers, which enabled their involvement and allowed the staff member to support others. At end of the bingo game, people were asked for their choice of music to put on.

We were told there were no visiting restrictions in place. One person’s relatives told us they were always welcomed when they visited and encouraged to take an active role in their relative’s care.

We saw staff greet relatives in a way that indicated they knew them well and had developed positive relationships. We observed relatives visiting at varying times during the day. Staff had encouraged people to maintain relationships that were important to them.

People choose where they spent their time, some people choosing to meet in the communal areas and others in their bedrooms. We saw staff respect people’s right to dignity and privacy. Before entering people’s bedroom staff knocked on doors and waited before being invited in. Care plans reflected individual preferences and decisions being made by those if they were able to. Records sampled showed family involvement about decisions on people’s care and treatment. An advocate had been referred to for one person. Best interest meetings had also been carried out where people lacked capacity to make certain decisions.

Is the service responsive?

Our findings

People told us they were involved in decisions about how they wanted to be cared for. Each person had an individual and personalised care plan and risk assessments which identified care needs specific to them. We saw the care plans detailed people's daily living activities and areas specific to each individual's care and treatment needs. The care plans were updated and reviewed monthly and adapted to the changing needs of the individual. We saw staff follow recommendations made by health care professionals. For example, guidelines for people to be given special diets.

There were people who would normally receive their care and treatment in bed due to their limited mobility. This increased their risk of isolation and withdrawal as they spent more time in their rooms. The provider had purchased special chairs with cushions which enabled these people to sit comfortably in communal areas. Therefore people could join in socially if they chose to. On our visit we saw the chairs in use and two people were able to participate in making cakes.

People were supported to enjoy activities and interests that were meaningful to them.

One person told us they enjoyed visiting their local church each week, while another stated they enjoyed visiting the seafront every other week. Care plans reflected these individual preferences and choices. We could see from daily records that this had taken place. Another person said they enjoyed the activities provided at the service and, even though they were not always physically able to join in, they enjoyed the engagement of talking and watching. They went on to say they enjoyed going outside in their wheelchair with the assistance of staff, and they were able to do this when staff were available. A third person had their own tray for their wheelchair so that they could put their plants in pots and enjoyed touching the soil as it reminded them of times in their own garden. Another person stated, "If I need something they respond immediately, food is lovely, plenty of choices, I like to go downstairs to talk to the girls and have a coffee." On the day of our inspection we saw activities taking place in the main lounge and a group of people were engaged in a baking session. People told us they liked the activity and they could be seen and heard chatting to each other.

Activity and Reminiscence' were provided through an external company who focused on musical and poetry elements which tap into the strongest working part of older people's memories, physical elements which can be enjoyed by most people regardless of their ability or attention span and reminiscence elements which help people to re-live their most important memories.

We also saw people being offered the opportunity to attend the visiting shop 'Anns Essentials'.

The owner of the shop had been visiting Normanton Lodge for 13 years. They stated "It's lovely here, friendly. I have no concerns. They look after people here, X [registered manager's name] is very good. She has real compassion for the elderly. She gives them time."

They informed us the shop visited weekly, eight people made use of it on a regular basis.

On sale were large print books, games, puzzlers, gifts for certain times of the year, cards, notebooks, tissues, combs, toiletry items, slippers, underwear, jewellery, sweets, chocolates and biscuits. The people that access it also feedback to the owner on what they would want or what they don't want and then on the next visit the items are supplied or not brought in.

Those who attended told us they enjoyed this experience and it enabled them to exercise choice. Members of staff supported people in accessing this drop in shop in a gentle in manner and chatted to people in a supportive and reassuring way that helped reduce any anxiety.

One relative told us, "My mother was extremely reluctant to move into residential care, but in this environment she very quickly felt at home and now she loves it. She had to move rooms . . . But she was fully involved in agreeing the change of room, as was I. They don't do anything without consultation. We've both signed the care plans. I get involved in everything as power of attorney and it's all fine." The relative was particularly pleased the home had actively identified and addressed sight and hearing issues for their family member, taking her to appointments and she now had, and used, new spectacles and a hearing aid.

We saw staff knew people well and were aware of respecting people's individuality. For example, at lunchtime we saw that someone was left asleep and not woken.

Is the service responsive?

We were told the person preferred to wake in their own time. We were also told they would be offered lunch once they had woken and we saw this happened.

We observed another person woken up for their lunch. They appeared confused and anxious so we asked if they would have preferred to sleep. The person responded saying, “No dear, they know I like to eat with everyone else. It takes me a moment to wake up, but I prefer to be woken up.”

People and their relatives were involved in the running of the service and their views and opinions were sought and acted on.

One relative told us they had regular meetings and contact with the manager to ensure the needs of their relative were met.

Records we looked indicated there have been three resident meetings where relatives have been invited so far in 2015.

The minutes showed the registered manager took relatives and residents’ concerns and queries seriously and responded accordingly. We reviewed minutes of the last three meetings. They showed people were consulted about the food, activities and day-to-day life at the service and

any requests or suggestions were actioned. Examples of this was with choices available on the menus, relatives and people wanted more fresh vegetables. This had been actioned on and was seen on the menus.

The activities coordinator fed back on a suggestion from a previous meeting that exercise sessions should be weekly not fortnightly. A suggestion of karaoke sessions had been taken up and was to be arranged regularly. Another suggestion from previous a meeting was to have film nights with popcorn and ice creams.. The activity records showed that these suggestions had been acted on and had occurred weekly. The impact of this was people stated they felt listened to and that their views mattered. People could participate in activities of interest to them.

People told us they knew how to make a complaint.

One person said, “I never have any problems, but if I did I would tell [the registered manager].”

There was an effective complaints procedure in place which was on display in the office and main hallway and entrance to building. We saw written accounts of complaints being responded to in a timely manner and in line with the provider’s policy and procedure.

Is the service well-led?

Our findings

At the last inspection we found that records related to the management of the home were inaccurate, out of date or missing. This included records related to staff recruitment and training, incomplete care records, and out of date policies and procedures. During this inspection we found improvements had been made and this regulation had now been met. At this inspection we found that staff recruitment records were fully completed. Records related to people's care were accurate and complete and had been reviewed in line with the provider's procedures. The provider's internal policies and procedures were under review and updated to reflect current guidance. This meant that records were fit for purpose and evidenced how care was managed and delivered.

At the last inspection we found that the registered manager completed audits of the service but these had not been completed on a regular basis and had not always identified shortfalls in service provision. During this inspection we found improvements had been made and this regulation had now been met. As a result, the overall quality of the service had improved and previous breaches of regulations had been met.

The registered manager explained that the service was committed to providing a good quality service and, since the last inspection, a variety of auditing systems had been implemented. This included audits of safety and maintenance issues. There were also infection control, health and safety audits carried out.

Although the registered manager was able to demonstrate knowledge of information contained in the audits to confirm checks had been done, there was no written record of this. If for any reason the manager was off sick or on annual leave there was no audit trail to prove the manager was aware of areas of the service that may need addressing.

We could not see that this had impacted upon the quality of the service provided but have fed this back to the registered manager to consider how these audits should be recorded.

The minutes of one meeting indicated the manager had shared the last CQC report and the actions that had been taken, including details of the staff training programme. Explanation was given about MCA/DoLS and how this

should be implemented in the service. The meeting included conveying views of relatives not at the meeting, which had been proactively sought by the deputy manager. The activities coordinator was given part of meeting to feedback on current activities provision and to receive ideas from the meeting.

During another meeting the manager had updated everyone with how they were managing their action plan with regard to meeting the CQC requirements. One staff member present at the meeting stated the last report was, "A stepping stone to making our home better and our residents happier."

The registered manager told us the provider visited every three weeks. During their visit they would meet with the manager and complete a management report. This included information about the health of people, complaints, accidents, staffing levels, maintenance issues, catering, activities, quality of care being delivered, and any management queries. They created an action plan on those areas where improvements were needed and this was carried out. For example, as a result of these checks, new equipment was purchased, policies were updated and an action taken to respond to one person's increased care needs.

The manager stated the provider was supportive and was confident any resources needed for the effective running of the service would be available.

We spoke with people and family members about how they thought the service was led by the registered manager. People told us that they knew who the registered manager was and were aware they could discuss any concerns they might have had. One person said the registered manager was, "nice" and, "compassionate." Another person said they would speak to the registered manager if they had any problems and went on to say they were, "Very approachable."

Staff told us that staff meetings were regularly held and all felt confident to raise any concern they may have about people's care. The staff we spoke with understood their roles and responsibilities for people's care and described appropriate communication and reporting systems at the home. Examples given were staff meetings, handovers, reporting of accidents, incidents and safeguarding concerns.

Is the service well-led?

All of the staff we spoke to said the registered manager was approachable. One staff member said the registered manager had, “An open door.” A relative stated this as well and that their relative would quite often be in the office with the manager.

All the staff felt there was good team working and staff knew and understood people’s care needs. We found that people’s views, comments and concerns had been considered and actioned by the registered manager.