Enhanced Elderly Care Limited

Enhanced Elderly Care Service - Wardley Gate Care Centre

Inspection report

Lingey Lane
Wardley
Gateshead
Tyne and Wear
NE10 8EU

Tel: 01914699110
Website: www.enhancedcare.co.uk

Date of inspection visit:
11 June 2018
15 June 2018
20 June 2018

Date of publication:
23 August 2018

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, 15 and 20 June 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

Enhanced Elderly Care Service - Wardley Gate Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Enhanced Elderly Care Service - Wardley Gate Care Centre provides care and support for up to 88 people who require support with personal care, some of whom are living with dementia. At the time of the inspection there were 75 people living there.

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

At the last comprehensive inspection in January 2017 we rated the service as 'Requires Improvement' overall. At the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 14 (Meeting nutritional and hydration needs); Regulation 16 (Receiving and acting on complaints); Regulation 17 (Good governance) and Regulation 18 (Staffing). This related to robust systems not being in place to monitor nutrition and weight loss, complaints not always being handled in line with the provider's policy, systems and processes were not established and operated to monitor service provision and insufficient staffing levels.

Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-Led to at least good. We then carried out a focussed inspection in August 2017 and found improvements had been made in the areas identified at the previous inspection but that the improvements needed to be sustained for a period of time and therefore the service remained 'Requires Improvement'. At this inspection we found standards had been sustained and further developments had been made and the service had improved to 'Good'.

There were enough staff to meet people's needs. The registered manager assessed staffing requirements in line with people's dependency needs. Staff continued to be recruited in a safe way with all necessary checks carried out prior to their employment.

People and their relatives told us people were safe living at the service. Staff had completed training in safeguarding people and the service raised any safeguarding alerts with the local authority in a timely way.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

People's medicines were administered in accordance with best practice and managed in a safe way. People continued to receive their medicines in line with prescribed instructions.

People were supported to meet their nutritional needs. People at risk of malnutrition had their weight monitored weekly as well as their food and fluid intake recorded. People accessed a range of health professionals including speech and language therapists, dieticians and doctors. Information of healthcare intervention was included in care records.

New staff completed an induction programme prior to working with people. Staff received regular training, supervisions and annual appraisals to support them in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives felt the service was caring. Staff treated people with dignity and respect when supporting them with daily tasks.

People had access to advocacy services if they wished to receive support including Independent Mental Capacity Advocates (IMCAs). No one was receiving support at the time of inspection but advocacy services had previously been involved with people in the home.

The provider had an up to date complaints procedure in place. All complaints received were dealt with in accordance with the provider's procedure. People knew how to raise any concerns they had regarding the service.

People's physical, mental and social needs were assessed prior to them moving into the home. Care plans were personalised, detailed and reviewed regularly and included people's personal preferences.

There was a range of activities available for people to enjoy in the home. People were also supported, where necessary, to access activities in the local community including going for walks, visiting places and shopping.

The service had re-designed rooms in the home to further improve people's lives and their activities. For example, one room had been made into a pub room and another was made into a vintage café style room, with fancy chairs, china cups and saucers, accessories and trinkets.

The provider had a robust audit system in place to monitor the quality and safety of the service. The views of people, relatives, staff and professionals were sought by the registered manager via surveys. The registered manager analysed all feedback received and identified improvements for the service and took appropriate action.

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.

There were enough staff to meet people's needs. Staff continued to be recruited in a safe way.

Risks to people's health, safety and welfare were assessed and managed.

People received their medicines in in accordance with best practice.

Is the service effective?

Good

The service was effective.

People were supported with the nutritional needs.

New staff completed an induction programme prior to supporting people. All staff received regular training, supervisions and annual appraisals.

People were supported to access a range of health care professionals.

Is the service caring?

Good

The service was caring.

People told us staff were pleasant and friendly.

Staff treated people with dignity and respect. People were supported in a way that promoted their independence.

People had access to advocacy services information.

Is the service responsive?

Good

The service was responsive.

People knew how to raise concerns. Complaints were fully investigated and acted upon in accordance with the provider's

complaints procedure.

People's needs were assessed prior to entering the home. Care plans were created from people's assessed needs and were personalised to the individual.

There was a range of activities available both in the home and in the community.

Is the service well-led?

Good

The service was well-led.

The provider had robust governance systems in place to monitor the quality and safety of the service.

People and staff spoke highly of the registered manager and feedback received regarding the service was mostly positive.

Staff attended regular meetings to discuss the running of the service.

Enhanced Elderly Care Service - Wardley Gate Care Centre

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 comprehensive inspection took place on 11, 15 and 20 June 2018. The first day of inspection was unannounced.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally required to let us know about. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our planning we contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with eight people and four relatives. We spent time with some people who lived in the home and observed how staff supported them. We also spoke with nine members of staff, including the provider, the registered manager, the deputy manager, a unit manager, a senior care worker, four care workers, the chef, activities co-ordinator and the apprentice activities co-ordinator. We spoke with a visiting activity provider also.

We looked at eight people's care records and ten people's medicine records. We reviewed four staff files, including records of the recruitment process. We also reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection in January 2017 we found a breach of regulation in relation to staffing levels. We found staffing levels were not sufficient to meet people's needs in a safe and timely way and to ensure they received the care they required. During a focussed inspection in August 2017 we found action had been taken to increase the number of care staff and review the way they were deployed to meet people's needs. However, this needed to be regarded as consistent practice overtime in order for the domain to be improved to 'Good' from 'Requires Improvement'

During this inspection we found staffing levels to be sufficient to meet people's needs. We received mainly positive views from people and relatives regarding the number of staff. One person said, "I think staff are canny. They always have a chat at mealtimes and everything. Always come in at night to make sure we are alright." Another person told us, "Sometimes they come quickly (when they press the call bell) and others not too quickly." A third person commented, "They never come and sit with me or have a chat. I think they are short staffed." A relative told us staffing, "Has improved a lot lately."

Throughout the inspection we observed staff spending time with people, chatting in communal areas and visiting them in their rooms. Nurse call bells were answered quickly and people weren't left unsupervised for long periods of time. We spoke with the registered manager who explained that staffing levels were determined in line with people's needs using a dependency tool. They said, "The seniors and unit managers complete the dependency scores each month. They are sent to [provider] who then calculates the staffing levels." We reviewed staff rotas for a period of 4 weeks and found staffing levels to be consistent and in line with the calculated needs. On the first day of inspection two staff were off on unplanned leave. The registered manager contacted existing staff who weren't on duty and covered both shifts. This meant staffing levels were maintained and contingency plans were in place to manage short falls at short notice.

Regular checks were carried out on the nurse call system to ensure it was in working order. The operations director also carried out audits on nurse calls to check how long they were sounding before they were answered by staff. They told us that any calls not answered in a timely way would be investigated to find out why. They would then take necessary action to mitigate the risk of it happening again.

Recruitment processes continued to be followed for new staff to ensure suitable staff were employed in a safe way. All necessary checks were carried out for each new member of staff including gaps in employment history, health questionnaires, references and Disclosure and Barring Service checks (DBS) prior to someone being appointed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

People told us they felt safe living in the home. One person said, "Yes, I feel safe. I don't know why I do though. Can't put it into words." Another person told us, "I do feel safe. It's just lovely." A third person commented, "I didn't feel safe at first, but I do now." A fourth person said, "I sometimes don't feel safe. I don't feel safe walking." They went on to explain that the service supported them to obtain a walking frame

to help them walk short distances and to transfer from a chair to their wheelchair which meant the service had acted to mitigate the risk of the person falling when mobilising and transferring. A relative told us, "Oh yes, [family member] is safe. The people who work here are all very nice."

The provider had a safeguarding and whistleblowing policy in place. Staff we spoke with were aware of safeguarding and whistleblowing policies and knew how to keep people safe and protect them from abuse. They were able to tell us about people and how they presented on a typical day, explaining they would recognise a change in behaviour or mood. The registered manager had a safeguarding file in place which contained a copy of the safeguarding policy and procedure as well as records of all safeguarding alerts raised with the local authority. Records showed that all concerns were reported appropriately and any subsequent actions recommended by the local authority safeguarding team were carried out.

Medicines were administered and managed in a safe way. We spent time with a unit manager during a medicines round. We noted medicines were administered in accordance with good practice. The unit manager approached people and asked them if they would take their medicines, explaining what they were. With consent, people were given their medicines with a drink and the unit manager waited patiently for each person to take them before recording this on the Medicines Administration Record (MAR). People appeared comfortable, engaging with the unit manager and happily taking their medicines. People we spoke with told us they received their medicines on time. One person said, "Tablets are always on time. It's very good." Another person told us, "The carers give it (medicine) to me every day and on time." A third person commented, "I always get my tablets on time. They are very good." A fourth person said, "Yes (I get medicines on time). I take a lot of medication and they do tell me about the tablets I take."

Risk assessments were completed for each person living in the home. The provider had electronic care records which meant risk assessments could be updated and reviewed in a timely manner. We saw all areas which were assessed were clearly linked to care plans and documented how each risk should be managed. Environmental risks were also assessed to ensure safe working practices for staff.

Accidents and incidents were recorded and monitored for potential patterns and trends. Records showed some trends had been identified and subsequent action was taken. For example, a sensor mat put in place.

The service had an emergency contingency plan in place for emergencies such as fire, flood or loss of power. This plan provided the registered manager with guidance to follow in the event of an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) which contained detailed information about their individual needs and support they would require in the event of an evacuation from the home. The service also had a dedicated 'evacuation box' which contained items required in the event of an evacuation of the home including name bracelets, a pen, a torch and spare batteries.

Records relating to the maintenance of the building were up to date and monitored. Monthly health and safety checks were conducted. The service had infection control systems in place. These included regular cleaning of premises and equipment. We observed when required staff wore Personal Protective Equipment (PPE).

Good

Is the service effective?

Our findings

At the last comprehensive inspection in January 2017 we found a breach of regulation in relation to meeting nutritional and hydration needs. We found robust systems were not in place to monitor weights for people including those people who may be at risk of poor nutrition and subsequent weight loss. Nutritional care plans were not in place as required for some people and those in place did not always accurately reflect the specialist support requirements needed. Food and fluid charts for monitoring intake, did not accurately reflect the amounts people had eaten for monitoring purposes.

During this inspection we found people were supported with their nutritional needs. We saw in people's care files that they had intervention with dieticians and speech and language therapists where required. People at risk of malnutrition were weighed weekly and food and fluid intake was recorded daily. We saw one person's record which documented an improvement in their health and well-being which resulted in them no longer requiring involvement with the dietician or the need to have supplement drinks to help manage their weight. They were assessed using a Malnutritional Universal Screening Tool (MUST) which monitored their risk levels. Records showed the level of risk decreased over time following appropriate intervention and support. The chef had information regarding everyone's special dietary requirements such as fork mashable diets, diabetics and those requiring high calorific diets.

People told us they enjoyed the food and snacks in the home and that there was plenty to eat. One person said, "We do get snacks with our drinks between meals." Another person told us, "Yes, we always get a cuppa and a biscuit or a banana at 3pm. We usually get supper too." A refreshments trolley was taken around the home in between meals. People were offered hot and cold drinks as well as biscuits, cakes and fruit.

We observed a meal time experience in the dining rooms on two floors. The atmosphere was calm and peaceful. People had a choice of two meals every mealtime and the service also offered alternatives such as sandwiches for those who didn't want a large meal or either choice on the menu. Due to the complex needs of some people, they were unable to choose a meal when asked verbally. We observed care workers showing people both options plated up and asking them which one they wanted. Staff explained what each option was. Some people were able to verbally tell staff and others pointed at the meal they wanted.

Staff we spoke with knew what people liked and what support they required, if any. Staff encouraged people to eat independently, where possible. People who required verbal or physical support to eat their meals were patiently supported by staff, at a pace comfortable to them.

People we spoke with were complimentary about the food. One person said, "Food is good. I always clear my plate." Another person told us, "The food is lovely." A third person commented, "The food's not bad. I like everything. Lots to drink as well." A fourth person said, "Sometimes it's alright. I don't like anything like curry or pasta. I like plain food."

People and their relatives told us staff knew people well and were able to meet their needs. One person said, "I like this place. Everything about it. Staff look after me, they know me well. No grumbles about anything."

Another person told us, "Yes, they do know me. All are very nice to us." A third person commented, "There are some very nice staff. Thoughtful and friendly."

New staff received a 12-week induction programme that covered the skills for care standards and Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff completed a range of training to enable them to carry out their roles effectively. Topics of training included safeguarding, food hygiene, moving and handling and medicines. The registered manager monitored training and we saw further refresher training had been arranged for the coming months in areas such as challenging behaviour and dementia awareness.

Staff received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager told us, "They (staff) all get four one to one supervisions but we also try to do some group supervisions in between. Those are more topic based." Records of these meetings showed they were used to discuss their roles, training and performance. All agreed actions were recorded and revisited at the next supervision session.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The service was working within the requirements of MCA. Where necessary, people were subject to a DoLS authorisations which were contained in their care files and developed in plans of care. The registered manager maintained a log of those who required a DoLS authorisation to ensure that new authorisation requests were submitted to the local authority in a timely way. People were supported to live their lives with minimum restriction. For example, being supported by staff or relatives to access the community. The service continued to complete MCA assessments and best interest decisions that were specific to particular decisions such as consent to share information.

People told us and records showed they were supported to access external professionals to monitor and promote their health. The registered manager told us, "There is a ward round every Thursday which takes place and the doctor will come and see anyone who is feeling unwell." One person said, "We do see the Doctor who visits here. I've had the optician here too." Another person told us, "I see a district nurse twice per day for my diabetes injections and she takes blood to test for sugar. I also see a podiatrist here because my feet are affected by my diabetes." A third person commented, "I'm often not well and staff react very quickly when I'm poorly. they always get the right treatment quickly for me".

Good

Is the service caring?

Our findings

People and relatives were complimentary about staff at the service, describing them as kind and caring. One person said, "This place isn't at all bad. I've been here for three years and made a lot of good friends. Staff care for us really well." Another person told us, "Staff are really nice. None are nasty." A third person commented, "Staff are always pleasant." A fourth person said, "They do listen to me. If I take a bad turn, they always come to me." A fifth person told us, "The care is always good."

We observed people happily chatting with staff in communal areas around the home about general things such as a staff member's college course, family, the weather and activities. People appeared at ease and comfortable in the presence of staff and engaged with them in an open and friendly manner.

Staff treated people with dignity and respect. There was an incident which involved a person's skin and clothing becoming dirty. Staff responded discreetly and swiftly, giving the person reassurance and covering them with a towel from the laundry cupboard. Staff then gently guided the person to their room to get cleaned up and changed. The person returned to the dining room a short while after to continue eating their meal.

During our inspection we observed staff supporting people with everyday tasks, such as taking part in activities, eating and drinking. We also observed people receiving verbal and physical support when mobilising around the home, both with and without the aid of equipment. People were supported to make individual choices and decisions where possible. For example, where they wanted to spend time in the home and what they wanted to do such as listen to music.

People communicated their wishes to staff in different ways, for example, facial expressions, gestures and phrases. People with communication needs had plans of care in place to guide staff how best to communicate with people and what different expressions/gestures may mean. One person's care plan stated, "[Person] can communicate his choices including very minimal or irregular communication including blinking, hand gestures and vocalisation."

People told us staff encouraged them to be as independent as possible while always being available to provide assistance, when required. One person said, "I like to be as independent as possible and staff help me and encourage me to be independent. The only thing they won't let me do myself is have a bath (due to health and safety)." Care plans contained details of what people were able to do for themselves and what they required assistance with. For example, one person's personal care plan stated, "[Person] can manage to wash and dry his hands and face but needs a staff member to wash and dry (the rest of his body)."

People were supported to maintain the relationships that were important to them. During the inspection we observed a large number of people receiving visits from relatives and friends. Staff welcomed visitors, had a brief chat and offered them a drink before guiding them to their family members.

At the time of the inspection no one was actively receiving support from advocacy services. Advocates help

to ensure that people's views and preferences are heard. Some people had previously received support from advocates. The registered manager said, "[Person] had an advocate involved in relation to a court of protection. They came to visit [person] to ask how they were and if everything was okay." There was information relating to a variety of advocacy services on display around the home and included in the 'service user guide' for people, including Independent Mental Capacity Advocate (IMCA). IMCAs support people who can't make or understand decisions by stating their views and wishes or securing their rights.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection in January 2018 we found a breach of regulation in relation to receiving and acting on complaints. Complaints were not always handled effectively according to the provider's complaints procedure. During this inspection we found the service had improved and all complaints were recorded, acknowledged, fully investigated and actioned where required. Outcomes of complaints were fed back to complainants. The registered manager maintained a file of all complaints received. Records showed the home had received three complaints in the last 12 months.

People and relatives knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person said, "Yes, I would speak to the Manager and tell them what I was unhappy with." Another person told us, "I would go to the Manager and have done so on occasions." The service had a complaints procedure in place which as on display in the home and included in the 'Service User Guide' provided to each person when they moved into the home.

The service assessed people's needs prior to them moving into the home. The deputy manager said, "We carry out a pre-assessment before people move here. We then use this to create care plans which we review and update to make them more person-centred as we get to know the person." Assessments included medical history, health, physical and cognitive needs and nutritional requirements. They also covered people's social and spiritual needs.

People told us they were involved in planning their care and making decisions. One person said, "Yes, I am (involved)." They went on to tell us about their routines and what they preferred to do. People had a range of care plans in place to meet their needs identified in their pre-assessments. Areas covered included personal hygiene, mobility, skin integrity, medicines and nutrition and hydration. Care plans were personalised, promoted independence where possible and included peoples' choices, preferences, likes and dislikes. Care plans were detailed and contained clear directions to guide staff how to support each person to meet their needs. Care plans were reviewed on a regular basis and in accordance with people's changing needs and were up to date.

Care plans we looked at had been reviewed on a regular basis and updated when required, in line with people's changing needs. People felt in control of their care and were involved in care plan reviews. One person said, "Yes, I am involved in reviewing my care plan. Because of my [medical] problems, I need to review the care I get."

The service had a full-time activities co-ordinator and an apprentice activities co-ordinator. They organised a programme of activities for people to enjoy in the home both on a one to one basis and in groups. One person said, "I go to activities when there are singers on. I like it when the children come here. They came here to see our hens - they really like that." Another person told us, "I really like the singing. I'm in the choir you know. We have sung at the Sage recently." A relative commented, "Activities are good here. [Family member] is interacting much more here than he would have done at home." Other activities included bingo, flower arranging, cookery club, tai chi and arts and crafts.

The service had redecorated and redesigned specific rooms in the service that weren't getting used much, to try and benefit people living in the home. They created a vintage café style room complete with fancy chairs, china cups and saucers and lots of trinkets. A care worker told us ladies in the home liked to use the room for things such as the knit and natter activity. There was also another room that had been converted into a pub room. It included tables, chairs and bar mats, a pool table, a magnetic dartboard, a bar and associated games such as cards and dominoes. The activities co-ordinator organised pub quiz evenings in the bar room as well as other activities. During the inspection we saw some people spending time in the room with relatives. They told us they really liked it.

People were also supported to access the local community when possible. The service organised weekly outings on a Monday. During the inspection we observed people leaving the home with relatives and staff to go out for lunch and trips.

People and their relatives were involved in planning for the service through regular resident and relative meetings. One person said, "I have been to resident's meetings before. We have discussed what we are going to do or make any changes." Another person told us, "If I go to the resident's meetings and raise an issue, staff do react. If cutlery isn't on the tables I tell them and they do something about it." A relative commented, "My son goes to the relative's meetings. He does think they are useful." Minutes of meetings showed that discussions took place around weekly trips, suggestions for activities, food and menus, staff and new staff members, doctors ward round and feedback received by the service.

At the time of the inspection no one was receiving end of life or palliative care. Some people had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) in place as well as an emergency health care plan. Records showed discussions had taken place regarding people's end of life wishes and some people had advanced care plans in place.

Good

Is the service well-led?

Our findings

At our comprehensive inspection in January 2017 we found a continued breach of regulations regarding the governance of the service. At the focussed inspection in August 2017 we found that the governance arrangements for the service had improved. However, there needed be to some consistency within the governance to demonstrate its effectiveness.

During this inspection we found governance systems continued to be maintained and monitored for improvement. The provider had a robust quality assurance system in place. The registered manager and deputy manager completed a large number of other audits around the quality and safety of the service. These included clinical governance, safeguarding concerns, accidents and incidents, complaints, staff, maintenance, catering and medicines management. All findings were recorded as well as any required actions. During the inspection we saw that actions had been completed and signed off where identified.

People were asked for their views via an annual survey. This asked their views about all aspects of the service. The registered manager collected and analysed people's views and created a notice summarising the results and what they planned to do. The latest feedback received was mainly positive with comments including, "everybody is nice," "they are good, very good, always cheerful," and "love the décor." One area for identified for improvement by one person was around more interaction from care workers. Another person commented that "care has improved".

Staff were also asked for their views and feedback of the service via annual surveys. The results of the latest surveys received in April/May 2018 from 18 members of staff included both positive and negative points. The registered manager had again analysed the information in the returned surveys and had summarised them with action points and feedback for staff. For example, work rotas to be discussed in supervisions and specific training to be provided.

The service had received eight completed surveys from professionals including a social work assistant, district nurse, optician, and doctor. All feedback was very positive about the service and rated the health and wellbeing of residents they visit as either good or very good. Comments from professionals included, "excellent atmosphere and care staff," "extremely impressed with current provision," "very high standard of care," and "diligent and compassionate workers."

The service had a manager who had been registered with the Commission since 9 November 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We received mixed views from people regarding the registered manager. One person said, "I like the Manager. She's good at her job." Other people told us the registered manager was "approachable". One person commented, "[Registered manager] sometimes says she'll sort something out, but then she doesn't."

However, the person was unable to give us an example of this. Recent compliments received by the service included comments such as, "You have a brilliant team there led by a wonderful manager in Lindsay," and "A special thank you to [registered manager], you have made a big difference to the home." We saw evidence of issues being raised by people and relatives with the registered manager and them taking relevant action.

Staff spoke highly of the registered manager and complimented how they managed the service and staff. One staff member said, "Things have really improved since the manager started. When you've got a good team you enjoy coming to work and now [registered manager] is on board I think it's flying." They went on to tell us that the provider had been "very supportive" during a period of illness and said, "I feel like I'm listened to. I feel very supported. I love working here."

Throughout the inspection we asked the registered manager and other staff members for various documents and records. We found these were provided in a timely way and were easily accessible, stored securely and maintained. We found the registered manager and all staff we spoke with to be open, approachable and cooperative.

The registered manager operated an 'open door' policy. They told us, "My door is always open. They're (people) always in and out all of the time. If anyone wants to see me a bit later on I'll stay back or I'll come in on a weekend. I also spend time on the floor." During the inspection we observed staff, people and relatives entering the registered manager's office to speak with them as well as approaching them around the home. There was also a deputy manager who spent time around the home. This meant there was a management presence around the home for people, relatives and staff to speak with, as and when required.

A range of staff and management meetings regularly took place in the home to discuss the quality of service provision. We reviewed minutes of meetings which showed discussions included data protection and confidentiality, team working, safeguarding, events and activities, training, medicines, care plans and reflective practice in relation to accidents and incidents. Any required actions were included within the minutes and revisited during the meeting that followed. Actions included a staff member to become the infection control champion and complete monthly audits and staff to wear blue aprons when entering the kitchen.

The registered manager and provider operated an 'Employee of the Month' award scheme. The registered manager told us they considered nomination forms received, comments collected about staff members through the 'My Days' process and any compliments received about staff. They told us, "Me and [provider] go through the information and select a member of staff. We then print out an employee of the month poster (to be displayed in the home) and present them with flowers or wine and a £20 voucher." Staff we spoke with who had received the award told us the award made them feel appreciated. The registered manager also told us the provider also paid for staff to enjoy a night out regularly as a way of showing appreciation but also to boost staff morale.

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff.

The service had received 14 compliments in the form of 'thank you' cards, emails and letters in the last 12 months from relatives of people who used the service. Comments included, "I'm very grateful for all your exceptional staff, the knowledge and confidence helped the process of dying with love and compassion from everyone," "Words cannot express to you all for your kindness, patience and love you have shown

[family member]," "I'll never forget the kindness and care," and "Thank you for making [family member's] time with you so comfortable."

Providers are by law required to display their most recent quality rating in the home and on any website associated with the home. We saw the most recent rating was available on the home's notice boards and highlighted on the provider's website page related to the home. This meant people and relatives had information on the quality of the home and the care being provided.