Nottinghamshire County Council

Church Street Care Home

Inspection report

Church Street Care Home
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Date of inspection visit:
20 July 2016
26 July 2016

Date of publication:
26 August 2016

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

We inspected the service on 20 and 26 July 2016. The inspection was unannounced. Church Street Care Home provides care and support for up to eight people with a learning disability. On the day of our inspection seven people were using the service.

The service had a registered manager in place at the time of our 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 were supported by staff who knew how to recognise and respond to abuse and systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively identified and managed.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Medicines were managed safely and people received their medicines as prescribed.

People received effective care from staff who received support to ensure they could meet people's needs. Staff received a thorough induction when they began working at the service and action had been taken when gaps in training had been identified.

People were supported to make choices and decisions by staff who communicated effectively with them. Where a person lacked capacity to make certain decisions their rights were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare professionals and people's health needs were monitored and responded to.

People were supported by staff who were very respectful, kind and supportive. Staff were motivated to find creative ways of communicating with people to ensure that information was understood and people's wishes were sought.

People's rights to privacy and dignity were actively promoted within the service and upheld. People and their relatives felt able to raise any concerns or complaints and the management team were in the process of further developing systems for capturing feedback about the service.

People were supported by staff who understood their support needs and ensured they received personalised responsive care. People were able to make choices about their care and partake in activities

and pursue their interests as they wished.

There was an open and supportive culture at the service. People, their relatives and staff felt able make suggestions about the running of the service and told us that their views were listened to. Improvements were being made to how views on the running of the service were gathered to ensure this was being done on a regular basis. There were systems in place to monitor and improve the quality of the service which were effective in identifying and responding to issues.

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 felt safe and were supported by staff who knew how to recognise and respond to abuse.

Systems were in place to minimise the risk of harm. Risks associated with people's care and support were effectively identified and managed.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received effective care from staff who received support to ensure they could meet people's needs.

People were supported to make choices and decisions by staff who communicated effectively with them. Where a person lacked capacity to make certain decisions their rights were protected under the Mental Capacity Act 2005.

People were supported to eat and drink enough. People had access to healthcare professionals and people's health needs were monitored and responded to.

Is the service caring?

Good

The service was caring.

People were supported by staff who were very respectful, kind and supportive.

Staff were motivated to find creative ways of communicating with people to ensure that information was understood and

people's wishes were sought. This resulted in positive outcomes for people.

People's rights to privacy and dignity were actively promoted within the service and upheld

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood their support needs and ensured they received personalised responsive care.

People were able to make choices about their care and partake in activities and pursue their interests as they wished.

People and their relatives felt able to raise any concerns or complaints and the management team were in the process of further developing systems for capturing feedback about the service.

Is the service well-led?

Good

The service was well led.

There was an open and supportive culture at the service.

People, their relatives and staff felt able make suggestions about the running of the service and told us that their views were listened to. Improvements were being made to how views on the running of the service were gathered to ensure this was being done on a regular basis.

There were systems in place to monitor and improve the quality of the service which were effective in identifying and responding to issues.

Church Street 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.

We inspected the service on 20 and 26 July 2016. The inspection was unannounced and the inspection team consisted of one Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before 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 also reviewed other information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our visit to Church Street Care Home we spoke with two people who lived at the service and the relatives of two people. We spoke with four members of care staff, the registered manager and two deputy managers. We looked at the care records of two people who used the service, medicines records of three people, staff recruitment files for three staff, as well as a range of records relating to the running of the service.

Good

Is the service safe?

Our findings

People felt safe living at the service. Both of the people we spoke with told us they felt safe, one person said, "Staff take me for something to eat and keep me safe when I am crossing the roads and out in the community." They also told us, "Staff keep me safe, we have a fire drill once a week on a Monday and I have to go outside and stand in the area that has been agreed with everyone to keep me safe." Both of the relatives we spoke with also felt that their relations were safe living at Church Street Care Home. One person's relative told us, "[Person] is safe. When I visit staff are very observant and keep an eye on [relative]. I have no concerns about safety."

People's safety was promoted because there were systems and processes in place to minimise the risk of abuse. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in reporting any concerns to the registered manager, and escalating concerns to external agencies if needed. One member of staff we spoke with said, "I would report (concerns) to [registered] manager if available, if not, I would go higher. I have had involvement with the MASH team and reported directly. Any concerns are most definitely responded to (by the registered manager)." MASH is the acronym for Multi Agency Safeguarding Hub, which is the point of contact to report safeguarding concerns within the local authority. Staff received information and guidance about safeguarding through training and discussions held in supervision meetings. Records showed that the registered manager had taken appropriate action and had previously shared information with the local authority when it was required.

People we spoke with had a good understanding about keeping themselves safe and records showed that people were communicated with effectively to enable them to manage risks to themselves. For example, different communication methods were used by staff to demonstrate how people could keep themselves safe in hot weather and to identify where people should meet outside the service in the event of a fire.

Care plans and risk assessments were in place in relation to people's care and support and contained guidance for staff about how risks to people's health and well-being should be managed. These records addressed the need to keep people safe whilst also promoting their independence. For example, people were supported to access the community with the appropriate level of support from staff. One person's care plan contained guidance for staff as to how the person should be monitored during the night for their safety in a way that was least restrictive of their privacy.

People were supported by staff who were proactive in identifying and managing risks they may face. We observed during our visit and from records that staff were quick to identify potential harm to people, such as the risk of eating non-food substances or risks posed by inappropriate footwear. We saw that timely action was taken by staff in response to these risks in order to maintain people's safety.

Some people using the service communicated with their behaviour. Care plans and risk assessments contained information for staff about how people communicated and how they should respond. The staff we spoke with displayed a good level of knowledge of how they kept people using the service and themselves safe if a person was at risk of harm to themselves or others.

People lived in a clean and well maintained building. The management had taken steps to reduce preventable risks and hazards, for example regular fire and electrical safety checks were carried out. Environmental checks were carried out on a regular basis and accidents and incidents which had occurred in the service were discussed at team meetings to ensure that risks to people were responded to and reduced. People had plans in place to support them in the event of an emergency, such as a fire, and staff had received training and were aware of fire and health and safety procedures.

People were supported by sufficient numbers of staff. We observed during our inspection that there were enough staff to support people with their needs and activities within the service and to access the community. Relatives we spoke with told us that they felt staffing levels were sufficient to provide effective support to people living at the service. One person's relative told us that there were, "Certainly enough staff" whilst another person's relative told us that their relation received the level of staffing support they required. Staff told us that they have a good relief staff team who provided cover in the event of any staff absence to ensure that people were supported by familiar and knowledgeable staff. The registered manager told use that they use a tool to determine baseline staffing levels and then consider whether extra staff were required depending on whether people had any appointments or activities. Records evidenced this to be the case.

People could be assured that safe recruitment practices were followed. The service had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identity and appropriate references had been obtained prior to employment.

People told us that they were supported to take their medicines safely. One person told us, "Staff give me my medication and ensure I get this on time. I have my medication once a day in the morning. They keep my medication safe in the room upstairs and the door is always kept locked to keep people here in the home safe." We observed a member of staff administering medicines and observed that they did so safely and in accordance with the service's procedures.

We reviewed the Medicines Administration Records (MAR sheets) for three people using the service. All three included relevant information to ensure staff were able to administer the medicine safely, including the persons photograph, any known allergies and how they preferred to take their medicine. There were protocols in place for 'as required' medicines which meant that staff had clear information about when to give people these medicines.

Systems were in place to monitor the safety of the management and storage of medicines. The temperature of the fridge and room used to store medicines was monitored daily and action had been taken when temperatures in the medicines room had exceeded the recommended levels. This ensured that medicines remained at their most effective. Daily checks were carried out by staff responsible for medicines to ensure that stock levels were correct and that medicines had been administered as prescribed. Staff who administered medicines had received training and had their competency to do so safely assessed on an annual basis.

The registered manager told us that either themselves or the deputy manager carried out regular checks in relation to medicines management. Although these had not previously been documented, the registered manager showed us a medicines room audit form they had devised which they said would be used from now on.

Good

Is the service effective?

Our findings

People were supported by staff who received supervision and support from the management team. People's relatives told us that they thought that staff were trained well and knew how to support their relations. One person's relative told us, "Staff are well trained; there is nothing I am not satisfied with. They are absolutely superb." Staff confirmed that they received regular supervision from the registered manager. One member of staff told us, "We have loads of supervision, I feel comfortable raising any concerns."

People were supported by staff who had appropriate induction when they commenced working at the service. Staff told us that the induction period lasted six-eight weeks during which time they shadowed more experienced staff and had time to read people's care plans and risk assessments. One staff member told us, "It's a long induction and very thorough. We are given time to read care plans (during induction) and that continues (after induction). Everything you need to know is there." We saw evidence that new members of staff had successfully completed their induction period and the registered manager confirmed that new members of staff had been enrolled on the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

Staff we spoke with felt that they received sufficient training to enable them to carry out their roles effectively. They told us that the management team had a system for identifying when training was due. One member of staff told us, "I know I am due food hygiene and first aid. Managers will identify if training is due." We viewed training records which had identified that a number of staff members were due refresher training in areas the provider had identified as being mandatory. We saw evidence that action was being taken in respect of this, with a list of training courses that were required in the coming year. The registered manager told us they had also identified additional training to benefit the people living at the service such as continence management and communication courses and they had identified staff members to attend these courses and disseminate information to the staff team.

People were supported to make decisions on a day to day basis. The people we spoke with told us they made decisions relating to their care and support, such as whether they wanted to go out or what they wanted to eat. People's relatives told us that their relations were appropriately supported by staff to make decisions. One person's relative told us, "Whenever I have been, [Relative] has always been asked their consent. They (staff) do it in such a way [Relative] can understand, by using pictures. They (staff) always involve [Relative]."

People's care plans contained a good level of information about how people communicated and we saw staff using appropriate communication methods during our inspection, such as using objects of reference and pictures to provide explanations. The staff we spoke with were very knowledgeable about how people communicated and we saw that efforts were made to check people's understanding and responses to questions. We observed that people were always asked for their consent before support with care interventions was provided.

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 were supported by staff who had a good knowledge and understanding of the MCA. People's care records contained mental capacity assessments in areas such as care and support and health and wellbeing. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. A visiting healthcare professional told us that they had attended a best interest meeting in respect of person living at the service which had been well organised and resulted in an appropriate best interest decision being made. People's relatives told us that they had also been consulted when decisions needed to be made on behalf of their relative who lacked capacity.

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. The registered manager told us they had made applications for DoLS for all of the people living at the service and whilst waiting for assessments to be completed by the local authority continued to act in people's best interests.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who had received training on how to respond to people's behaviour using the least restrictive methods. Information was contained within people's care plans about how staff should respond to people's behaviour and the staff we spoke with were knowledgeable about this information and applied it when supporting people.

People were supported to eat and drink enough. People told us that they had access to drinks and snacks whenever they wanted and we observed people were frequently offered refreshments. People told us that they had access to the kitchen but needed to ask staff as this was kept locked. We saw that people were supported to access the kitchen throughout the day and we witnessed one person making their own drink with staff support. People's relatives we spoke with told us that their relations had enough to eat and drink and they were supported to do so in a way which retained their independence.

People's care plans contained information about people's support needs in relation to their eating and drinking and any risks to the person, such as risk of harm from choking. The staff we spoke with were very knowledgeable about people's needs, such as who was on a specialist diet and what equipment people used to enable them to eat safely and independently. Staff were aware of the needs of one person in relation to their weight and guidance was in place for staff to monitor and respond to any changes in their weight. Records showed that people's weight was monitored in line with their care plans. Detailed information was available for staff in relation to people's likes and dislikes and how to best support someone to eat and drink. This referred to any guidance issued by healthcare professionals, such as a speech and language therapist.

People were supported with their day to day healthcare needs such as attending appointments and monitoring of healthcare conditions. People told us that they were supported by staff to attend appointments with their GP, go to the dentist and see the optician. Staff and people's relatives told us that

they thought that the service was very good at monitoring and maintaining people's health. One person's relative told us, "They (staff) always involve other professionals, always involving the doctor. Everything is dealt with straight away." A member of staff told us about the different professionals who had been contacted following concerns about a person's health, such as the epilepsy nurse, GP, occupational therapist and orthotics service.

People's care plans evidenced involvement when required of a wide range of healthcare professionals and services. We saw that guidance issued by professionals had been incorporated into care plans and acted upon. A visiting healthcare professional told us that staff know people who lived at the service really well and had worked hard to ensure that people's healthcare is maintained, for example, by effectively reducing one person's anxiety and providing appropriate information which had resulted them having a medical procedure carried out.

People were involved in monitoring their own heath by using communication methods appropriate to them and carrying out desensitisation work to reduce people's anxiety and aid their understanding. For example, the service had obtained a blood pressure monitor and each person living at the service had their blood pressure monitored which had identified one person whose blood pressure was high resulting in medical attention being sought. The deputy manager told us about how they tried to prevent the spread of infection and illness through education. They told us how they had used a water spray to simulate how germs were transmitted when people had a cold and how people could reduce the risk of infection.

Good

Is the service caring?

Our findings

People were cared for by staff who were very kind and supportive. One person told us that staff are, "Really kind" and spoke to them, "Nicely and help me around my home when I need them." People's relatives also told us that staff were very kind and caring and described the service as a happy place. Both of the relatives we spoke with said that their relations were clearly comfortable with staff and would be able to indicate if they were not happy. One person's relative told us, "Staff treat them (people who lived at the service) as special people."

People benefitted from a respectful atmosphere at the service. We observed positive, warm and friendly interactions between people who lived at Church Street Care Home and the staff who supported them. The staff we spoke with described the values of the service as respect and inclusion of people who lived there and one staff member told us, "[People who live at the service] are the pinnacle of the service, it's all about them." The service was designed around the needs of the people who lived there. People's bedrooms were personalised to reflect people's preferences and minutes from meetings of people who lived at the service recorded people's views being sought on the running of the service, such as menu choices and the furniture.

People told us that they made decisions about how they spent their time which staff respected and supported them with. One person told us, "If I want to do something I will go and tell staff what I want to do and I decide where I want to go. I make decisions in my life." We saw that people were asked questions about how wished to be supported and requests for support were responded to immediately and people's needs anticipated. For example, people were asked if they had any pain and whether they required pain relief medicine and we saw that one person was asked if they wished to take their drink with them when moving to another part of the service and if they wished staff to carry it for them.

Staff told us that the care they provided to people, "Can't be generic". They told us that information about how best to support people was shared at team meetings and through care plans but that people responded to different staff members in diverse ways and that one person living at the service liked certain staff members to support them with different tasks. We were told that people's wishes were respected.

The staff we spoke with were very knowledgeable about the people they supported, including their likes, dislikes and preferences. Each person had a 'pen picture' which informed staff about their needs, interests and how they wished to be supported. Care plans contained detailed information which was person centred and reflective of their preferences. For example, information was contained about what style one person prefers to have their hair cut. People were supported to attend religious meetings or services as they wished. One person's relative told us that staff respected their relation's wishes and choices. They told us, "The carers are like friends. They support [relation] to make choices. They are aware of likes and dislikes and very in tune with [Relation]."

People were given information and explanations in a way which included them as much as possible in planning their own care. One person told us that they received their mail but that staff helped them to understand the contents of any letters. We were told by a member of staff that this person had recently

received a letter about a medical appointment and we observed they were asked if they wanted support to develop a photo story board to help them understand what would happen when they attended the appointment. We saw a completed story board for another person using the service which contained pop up photos detailing where they would be going, who would be with them and what they would do after their appointment.

People were supported by staff who were highly motivated to find creative ways of communicating with people effectively. The provider told us in their PIR, 'To aim to support residents' awareness, knowledge and understanding we use different formats of communication such as photo story boards, the use of puppets and drama.' The deputy manager told us that the use of puppets had been introduced to meetings of people who used the service and had been effective in conveying information to people and obtaining information about people's preferences and wishes. We were told that people who lived at the service would respond with information about their likes and dislikes to the puppets which they had not done so previously with staff and that the use of puppets helped with desensitisation work around touch. We were given many examples of different communication methods being used at the service including a visit by the fire service who had visited with a fire engine which had engaged people in learning about fire safety.

People were involved in developing the menu at the service using innovative ways to establish people's wishes. Records showed that staff had used different methods for each person to establish possible food preferences such as using pictures magazines, looking at images on the laptop, responses to TV images and observations. An eight week menu had been developed and people and staff feedback was gathered on whether people had enjoyed the meal.

People's relatives and a visiting healthcare professional told us that the way staff engaged with people was effective in managing people's needs. One relative told us, "They (staff) supported [Relative] to go to hospital. They (staff) know [Relative] well. Staff have to operate varying strategies. Sometimes these work, other times they don't so will put other things in place." People were able to tell us about some of the ways they kept themselves safe during our inspection, which indicated that some of the strategies used to convey information were effective.

Although no one who lived at the service was currently using an advocate, the registered manager told us that they were aware of advocacy services and would support people to access these services if appropriate. Advocates are trained professionals who support, enable and empower people to speak up.

People's rights to privacy and dignity were highly respected. Staff demonstrated they were aware of people's rights to privacy and how they balanced this need with a duty to keep people safe from harm. A member of staff explained to us how they preserved people's dignity whilst also ensuring their safety. For example, by discreetly observing someone eating their meal to ensure they were doing so safely and being aware of the impact that constant staff presence may have on a person who required observation. Another member of staff told us, "It's about being courteous and treating people as you would yourself." We observed staff speaking to people courteously and respectfully throughout our inspection and that people were free to move around the service as they wished.

People's confidentiality was protected as staff always ensured doors were closed or they could not be overheard when they were discussing a person's care needs and records about people's care were stored securely. We were told by the registered manager that people's relatives were able to visit the service at any time. One of the relatives we spoke with confirmed this to be the case and told us they felt welcome at the service when they visited their relation.

Good

Is the service responsive?

Our findings

People told us that they were supported to be involved in their care planning. One person told us that they sit with staff and look at their care plan file. We saw that another person's care plan contained pictorial information, including a picture of the hairdressers that the person attends and the toiletries they purchase when shopping. In the PIR the provider told us, 'We involve appropriate persons when identifying their (people's) care and support needs in order that we are achieving people being cared for appropriately.' People's relatives confirmed they were involved in the care planning process. One relative told us, "I recently answered some questions about [Relation]."

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines or providing personal care. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required. Staff were responsive to people's changing needs, for example, one person had increased periods of one to one support allocated to them following a fall and a recent medical diagnosis. Staff communicated with each other informally and during handovers about the person's presentation and what support strategies were effective in reducing the risk of harm to the person, and were adaptive to meeting their needs.

Support plans and risk assessments were kept up to date by regular reviews or when a person's needs changed. For example an interim care plan had recently been introduced about the support one person required with their mobility and staff had signed to confirm that they had read and understood the contents. Staff we spoke with told us that they were given time to read and contribute to people's support plans and we observed them following the guidance contained within these plans.

People told us they were supported to maintain their independence. One person told us that they could go out when they wanted to and enjoyed going out with staff as they kept them safe. People were supported to do their own laundry and we saw that each person had their own laundry basket and a rota was in place for staff to support people with this. We observed one person being supported to make a hot drink in the kitchen by a member of staff and saw that adaptations were made, such as pouring milk from the carton into a jug, so that the person could add their own milk. We saw that the support of the staff member was very dedicated and patient, enabling the person to have as much independence as possible.

People were supported to maintain their hobbies and interests. People gave us examples of staff supporting them to maintain their interests such as attending football matches, swimming and shopping trips and going out for a drink. During our inspection we observed people being supported with activities such as compiling a photo story book, accessing the garden, receiving foot spas and colouring. One person was attending an appointment and informed staff that they would like to go for a drink after their appointment which was facilitated.

A number of the people who lived at the service attended day services and one person had previously been supported by staff to undertake voluntary work. One person had a love of horses and had previously

enjoyed horse riding. Staff told us that the person had expressed they no longer wished to go horse riding but they would look into other options such as supporting the person to go to a carriage driving museum and having a carriage ride. People's relatives told us that efforts were made by staff to support people with their interests which were adaptive to the person's wishes. One relative told us that their relation used to go swimming but had stopped wishing to attend. The relative told us that staff were trying another venue which was quieter to ascertain whether the person still wished to go swimming but in a different environment.

People were supported to maintain relationships with their families and friends. One person told us that they enjoyed staying at a relation's house overnight once a week. People's relatives told us that staff supported people to maintain contact with families by supporting them to visit their relative's home and making families and friends feel welcome when they visited Church Street Care Home. One person's relative told us that their relation maintained contact with fellow students from a college they used to attend which included going away with them once a year. The provider told us in the PIR about the contact they supported a person to maintain with family members living abroad, and the plans they were trying to implement to improve communication, such as using on line video and call services.

People told us that staff had told them that they could make a complaint if they wanted to. One person told us, "Staff do encourage me to make a complaint if I need to." Information about how to make a complaint was available in the service. The registered manager showed how they had produced this information in a format that people using the service would be able to understand. Neither of the relatives we spoke with had made any complaints to the service and one person's relative told us that when they had previously raised an issue this had been dealt with, "very properly."

Staff were aware of the process of reporting any concerns or complaints to the registered manager and were confident these would be addressed straight away. The registered manager told us that no complaints had been received at the service in the last 12 months. Minutes from a recent staff meeting showed that the registered manager had discussed ideas and systems with the staff team about how feedback and comments could be most effectively obtained from people, relatives, staff and visitors. The registered manager showed us feedback forms which were being developed.

Good

Is the service well-led?

Our findings

People told us that they were happy living at Church Street Care Home and that staff looked after them very well. People's relatives told us that they were also happy with the support their relations received at the service. One person's relative told us that the service was well managed and stated, "[Registered Manager] is the best manager. There is a very good relationship between staff and the manager who is very approachable. Staff provide good quality care. It's really superb and [Relative] always likes to go back (after a visit to family)."

People, relatives and staff described open and inclusive communication with the service and we observed managers and staff communicating well with each other and with people living at the service to produce a supportive and friendly atmosphere. We witnessed a staff handover at the service and saw this was used as an opportunity to interpret what people may be communicating through their behaviour and discuss how staff could respond to meet people's needs.

The registered manager kept the day to day culture of the service under review. One staff member told us, "There is a good culture of supporting people whilst keeping professional boundaries. [Registered] Manager is very good at putting the culture of the service across." The staff we spoke with spoke of the same values within the service as the registered manager and we saw that supervision and team meetings were used as an opportunity to promote the values of the service and provide feedback to staff.

People who used the service were supported to have a say in how the service was run, such as involvement in menu planning and choosing the furniture. The relatives we spoke with could not recall being asked their views on the service but emphasised that they felt able to contact the registered manager at any time and that any queries or suggestions would be responded to. The registered manager told us that they recognised that quality monitoring surveys had not been sent out to people or relatives for a number of years and that this was an area that required improvement. We were shown a copy of a recently developed feedback form and were told that the plan was to capture people's views about the service on a regular basis.

There was a registered manager in place who maintained a visible presence within the service and was supported by a deputy manager. We checked our records which showed that the management team had notified us of events in the service. A notification is information about important events which the provider is required to send us by law.

People told us that the managers and staff team were approachable and listened to them. One person's relative told us, "The staff interaction with residents is very pleasant. I feel (the service) is well managed. [Registered manager] is always available. I have their mobile number and can ring anytime." The staff members we spoke with felt well supported by the management team and confirmed that there was always someone to contact for support if needed. Staff told us that they felt able to contribute to staff meetings and make suggestions and got feedback about their performance in their role. One staff member told us, "We get feedback and [registered manager] has good oversight. We are always supported and feel valued." Another

staff member said, "We have a wonderful (staff) team and it is a nice place to work. I am asked for my opinions and suggestions."

The provider told us in the PIR that, 'Manager uses the management information at their disposal for monitoring outcomes from audits, risk assessments, reviews etc. to improve the service for residents making it a happier, safer place for them to live.' We saw that regular environmental and documentation checks were effective in identifying and responding to areas requiring improvement within the service. For example, a care plan review had highlighted that one person was overdue a dental appointment. A management medicines audit form had been devised by the registered manager to document the outcome of regular medicines audits.

Accident and incidents which occurred within the service were analysed on a quarterly basis for any trends to identify whether action was required to reduce the risk of harm to people. Information about incidents which occurred within the service were shared electronically with the provider to ensure they had oversight of the safety of the service. We saw that action was taken to reduce the risk of harm to people, for example by discussing the trend analysis of accidents and incidents in staff meetings to ensure all staff were aware of any action required to keep people safe.