

Miss Marguerite Clark and Mrs Miriam Laventiz Fernica (Residential Care Home)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was unannounced and took place on the 23 and 24 October 2018.

We last carried out a comprehensive inspection of this service on 5 and 6 February 2018. Prior to that inspection we had issued warning notices due to breaches in relation to safe care and treatment and the lack of evidence to demonstrate good governance. At the February 2018 inspection we again found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 with regards to person-centred care, safe care and treatment in relation to risks within the environment, staffing and good governance. Due to the breaches we rated the service inadequate in the Safe and Well-led domains and Requires Improvement in the Effective and Responsive domains. The service was given an overall rating of Inadequate and placed in Special Measures.

Following the inspection, we required the provider to complete an improvement action plan to show how they would improve four key questions; Safe, Effective, Responsive and Well led to at least good.

Services that are in Special Measures are kept under review and inspected again within six months of publication of the report. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Fernica is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Fernica provides accommodation for up to fourteen people with enduring mental health needs who require support with personal care. Accommodation is provided on three floors. There is no passenger lift. On street parking is available to the front of the home. The home is situated close to Prestwich and Manchester town centres and is near to all local amenities and public transport. At the time of our inspection there were 11 people living at the home.

The service had a registered manager, who is also the one of the owners of the home. A registered manager is a person who has registered with the CQC 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 said the registered manager was approachable and they could talk with them.

Improvements had been made to demonstrate management oversight and monitoring of the service. Opportunities were made available for people and relevant parties to comment about their experiences and the service provided at Fernica. Comments received were positive. We have recommended that findings

from the audits and feedback received continue to be reflected in the homes business improvement plan so that the experiences of people and the quality of service continue to be enhanced.

Action had been taken to ensure the safety of building. Up to date risk assessments, maintenance records and fire safety checks were in place to help keep people safe.

Appropriate action had been taken where people were being deprived of their liberty. Records had been expanded upon to demonstrate where restrictions were in place and why these decisions had been made. Where necessary people were supported by independent advocates so their views and rights were upheld.

A new staff appointment had been made so that flexibility in support could be provided. People followed activities and routines of their own choosing. Additional support was provided to facilitate external activities for those people needing support to access the local and wider communities.

Appropriate recruitment checks were carried out to ensure the suitability of staff working at the home. Staff continue to receive ongoing training and support in carrying out their role and said they were fully supported by the registered manager. People said the staff team worked well together and supported them in a way they wanted.

Systems were in place to protect people from abuse. Policies and procedures were being updated in line with local procedures and staff continued to receive annual updates in training. Staff spoken with knew what action should be taken so that people were protected.

The service continues to maintain a safe system for the management and administration of people's medicines.

Suitable arrangements were in place to ensure people were protected against the risks of cross or spread of infection.

People were actively involved and consulted with about their care and support. Person centred plans were available to guide staff reflecting the individual needs, wishes and preferences of people. Where risks to people's health and well-being had been identified these were assessed and planned for.

Suitable arrangements were in place with regards to the mealtime arrangements. People told us they were supported to access relevant health care professionals so that their health and well-being was maintained.

People told us they liked living at Fernica and had choice and control over their daily routines following activities of their own choosing. Staff were said to have a good understanding of their individual needs and wishes and treated them with dignity and respect.

Systems were in place for the reporting and responding to any complaints brought to the registered managers attention.

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.

Action had been taken to ensure the premises and facilities were safe. Up to date maintenance certificates were in place and internal safety checks were completed to help minimise potential risks to people.

Safe systems continue to be maintained with regards to infection control procedures and the management of medicines. Where areas of risk had been identified assessments and management plans had been put in place.

Required recruitment checks were undertaken and additional staffing had been employed so that sufficient number of staff were available to provide the support people wanted and needed.

Is the service effective?

Good ●

The service was effective.

People were clearly involved and consulted with about the care and support they wanted and needed. Where people were being deprived of their liberty relevant authorisations had been sought. Areas of restrictive practice were agreed and planned for.

Opportunities for on-going staff training, development and support were provided.

People's nutritional needs were met. Access to the relevant health care support was readily available so that the health and well-being was maintained.

Is the service caring?

Good ●

The service was caring.

People living at Fernica had lived together for many years. Staff were said to have a good understanding of their individual needs and abilities.

We were told staff were kind and respected people's people privacy, dignity and independence.

People's care records were stored securely in the office. This meant people's information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual needs. Records reflected their individual needs, wishes and preferences.

People had autonomy and choice over their daily routines and were involved in a range of activities and opportunities based on their individual wishes.

Suitable arrangements were in place for the reporting and responding to complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems to monitor the service provided had improved. Staff, people who used the service and health and social care professionals were given the opportunity to comment on the service and their experiences. We have recommended continuous development of the homes business improvement plan to demonstrate clear oversight and development of the service.

The provider had submitted notifications to CQC as required by law. We saw the CQC rating had also been displayed within the home.

Fernica (Residential 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.

Prior to our inspection in February the provider had 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 information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We contacted Bury local authority, who commission services from Fernica as well as Healthwatch Bury. It was acknowledged that improvements had been made since our last inspection in February 2018.

This inspection took place on 23 and 24 October 2018 and was unannounced on the first day. The inspection was undertaken by an adult social care inspector and an assistant inspector.

During our inspection we spoke with six people who used the service, the registered manager, deputy manager and a support worker.

We reviewed the care records for five people, medication administration records (MARs), staff recruitment, training and development records, health and safety as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During our last inspection in February 2018 we found the registered provider was not meeting all of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to our findings the Safe domain was given a rating of Inadequate. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least Good. At this inspection we found improvements had been made to meet the Regulations.

At our last inspection in February 2018 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staffing arrangements did not provide any flexibility of support for those people with additional support needs. During this inspection we found that sufficient numbers of staff were available. Staff rotas had been revised and new staff had been appointed so that individual support could be provided for those people with additional support needs.

We asked people if they felt sufficient numbers of staff were available. We were told, "Yes I do", "The staff are available all the time", "Happy with support, because they give me input and support me where it is needed" and "The staff are available all the time." One staff member also commented, "I think actually we do, they will come to us if they have a problem. They want their own space. They don't always want staff there."

At our last inspection in February 2018 we found that the home was also in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because temperature checks on all water outlets had not been completed for a period of six months. Furthermore, the legionella assessment dated 2015 and reviewed 2017 did not evidence that action required had been completed. During this inspection we found necessary action had been taken. A legionella assessment had been undertaken on the 9 May 2018. Monitoring records had been improved with periodic temperature checks on all outlets, flushing of unused outlets as well as the descaling and disinfecting of shower heads. We noted some temperatures were not maintained close to 43°C. The registered manager said this would be addressed with the maintenance staff.

Suitable arrangements were in place with regards to fire safety so that people were kept safe in the event of an emergency arising. At the last inspection we found personal emergency evacuation plans (PEEPs) had not been completed for two people living at the home and the hallway in the basement, which was a means of escape, were cluttered with unused or unwanted items and posed a potential hazard. During this inspection we saw PEEP's were in place for everyone living at the home and items had been removed so that escape routes were clear.

The service had a contingency plan, which provided basic information should there be an emergency, loss of mains, supplies or failures within the building. An up to date fire risk assessment had also been carried out in May 2018. Action required had been addressed. On-going checks of the fire alarm, fire equipment and emergency lighting as well as external servicing were completed to ensure equipment was in good working order. Staff received annual fire training and regular drills, involving staff and people living at the home, were

held to check people knew what to do in the event of an emergency. These systems help ensure the risks to people are minimised.

Work place risk assessments were in place and had been kept under review. Up to date servicing of the mains and facilities had been completed making sure they were in good working order. Evidence seen included the 5-year mains electric circuit, gas safety, small electrical appliances, fire alarm system and the bath chair. Windows had also been fitted with windows restrictors as recommended within the Health and Safety Executive (HSE) published guidance on the use of window restrictors in care homes.

Risks to people's health and well-being were also identified, assessed and planned for to help minimise potential risk of harm or injury. Each person's care records included risk assessments and care plans to mitigate these risks. Risk assessments identified the hazard, who might be affected and any control measures in place. These included risks associated with the environment and more specific assessments relating to mental health.

People told us they felt safe living at Fernica. We were told; "Oh yes, you can't get any safer really", "Yes I do. The gate on the side of the house is locked at night. There is a member of staff on 24 hours a day" and "I feel secure at Fernica." We saw feedback surveys completed by health and social professionals involved with people living at Fernica. Comments included; "A valuable 'safe' home" and "[Persons name] said they were very happy, reported they wanted to continue living at Fernica as they felt safe there."

The deputy manager told us they were in the process of updating the policies and procedures in relation to safeguarding adults following discussion with the local authority, so that information reflected the process to follow. Staff spoken with and records seen showed that all staff had received training in safeguarding adults from abuse. Staff told us, "We have just got new ones, booklets to complete. We usually update it each year." Staff were able to demonstrate an understanding of what might constitute harm and the procedures for responding to and reporting allegations of abuse. At the time of our inspection there were no safeguarding concerns involving those people living at the home.

Since our last inspection a new member of staff had been employed. The registered manager had carried out all required checks prior to their employment commencing. This included two written references, an application form with any gaps in employment explored, proof of the staff identity and a Disclosure and Barring Service check (DBS). This meant staff were suitably checked and should be safe to work with vulnerable adults.

The management and administration of people's prescribed medicines remained safe. One person told us, "Any member of staff will dispense them, I never miss my meds I always get them on time. It runs like clockwork." We saw internal audits were completed as well as checks by the supplying pharmacist. Staff received medication training and assessments of competency were completed on an annual basis. One staff member we spoke with told us, "We are updated on all changes that happen with medication, always kept up to date, the medication training is ongoing." We were told the service was not holding any controlled drugs (very strong medicines that may be misused). However, the registered manager was aware of their responsibility for the safe storage and recording of such items should this be needed.

Hygiene standards continued to be maintained within the home. People we spoke with told us they were involved in household tasks such as, cleaning their bedrooms, doing laundry and washing up. This was seen during the inspection. People also commented; "The home is extremely clean", "Yes, it is, we Hoover, dust and polish our own rooms and get inspected", "It's very clean" and "The home is cleaned to a 'good standard."

All staff were responsible for carrying out household tasks. The home was found to be clean and hygienic. There were no offensive odours. Staff were aware of the procedures to follow to minimise the risk of cross infection and annual training updates were provided. In June 2018 the local authority health protection team completed an infection control audit at Fernica. The home achieved 94% compliance.

Is the service effective?

Our findings

During our last inspection in February 2018 we found the registered provider was not meeting all of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to our findings the effective domain was given a rating of Requires Improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least Good. At this inspection we found improvements had been made to meet the Regulations.

At our last inspection in February 2018 we found that the home was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because a pre-admission assessment had not been carried out by the provider for some people moving into the home. During this inspection we were told that no new people had had been admitted to the home. However, we were shown a new admissions assessment, which would be used for any further referrals. The assessment was comprehensive and explored people's physical, social and emotional needs as well as their wishes and preferences. This information is important so that an informed decision can be made about the suitability of placements.

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 make 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).

During this inspection we checked again 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. We found relevant authorisations were in place where needed. Two people continue to be supported by an Independent Mental Capacity Advocate (IMCA) who assist them when important decisions needed to be made. We noted two other people were currently restricted when accessing the community due to concerns about their physical health. Due to this additional support was being provided by the community mental health teams as part of an agreed plan of care. A review of people's records did not reflect how or why these decisions had been made. We discussed this with the deputy manager. Records were updated during the inspection. These processes help to ensure people views are listened to and represented so that any decisions are made in their 'best interests'.

A review of people's records showed that people were involved in making decisions about their care and supported. People had completed some of their own care records and had signed their consent to the care and support they wanted from staff including assistance with medication and help to manage their finances

or cigarettes. Staff commented; "If I'm having a conversation I ask them [people who use the service] what they would like to do and what would be their preference. I would prefer them to do what they want to do." People we spoke with said they could make decisions for themselves and had been consulted about their care and support. We were told, "I am not forced to do anything I don't want to do" and "I am actively involved with my care."

Records also showed that policies and procedures were in place to guidance staff on the MCA and DoLS procedures. A review of records and discussions with staff also showed that training in these areas had been provided. Staff spoken with said, "Yes, we update it every year."

Systems were in place to support staff in developing their knowledge and skills. We saw the newest member of staff had completed an induction which included an introduction to the home, role and responsibilities and policies and procedures. Records also showed that staff were supported through occasional supervision sessions, team discussions and a handover which was carried out at each shift change. This helps to ensure that information is communicated effectively and staff are kept informed. Staff we spoke with said they felt supported in their role and that there was communication between the team.

Staff were up to date with essential training, such as infection control, fire safety, medication, safeguarding of vulnerable adults, food safety and hygiene, health and safety, mental capacity including DoLS. This was confirmed by the staff member we spoke with who told us they were provided with training that enabled them to do their job and meet people's needs. The deputy manager was also exploring additional training in 'mental health awareness' to provide staff with an insight into the specific needs of people. One health and social care professional who completed a survey distributed by the service described the support at Fernica as, "Excellent, longstanding trusted empowering service for residential, respite and rehab for adults with mental health difficulties." One person we spoke also told us, "The staff are very knowledgeable about mental health issues. I feel like I am in the right place, getting the right care." Another person added, "They [staff] are very competent, I feel in good hands."

People living at the home continue to have access to a range of health care professionals including GP's, CPN's (community psychiatric nurse), audiology, dentist, podiatry and practice nurses. Staff support was available for any outpatient appointments should people need additional support. People we spoke with told us, "I've had tests, [registered manager] organised all that for me. It couldn't have been easier really." A hospital transfer document had been introduced. This provided good information about people's individual needs, preferences and routines so that continuity of support could be provided when moving between services.

Detailed records were made of all visits or appointments along with any action required. This helped to ensure people's healthcare needs were met. Survey comments by health and social care professionals described staff as being responsive to meeting people's needs so that their health and well-being was maintained. Comments included, "The staff are very communicative and get in touch immediately if needed" and "[Persons name] receives the highest degree of care and support and attention, I'm not sure how this could be improved."

Mealtime arrangements remain unchanged. Whilst menus were available, alternative options are provided on request. People are encouraged to follow a healthy diet and their weight is monitored. Should any concerns be identified, such as weight loss, advice and support would be sought from relevant health professionals. People told us they liked the food and that there was always a choice. Their comments included, "Oh lovely, they give us the best. They go out and get me stuff what I want. I don't think anyone has got any complaints", "The meals are very good, they are very varied and very balanced so we really get

looked after food wise" and "The food is very good here. They make a lot of nice things."

Fernica provides comfortable accommodation. There are two lounges, a dining room and 14 single occupancy bedrooms with shared bathroom and toilet facilities on each floor. One bath was fitted with a bath chair, which helped to promote people's safety. There is no passenger lift. The service employs a maintenance man who carries out any general repairs or redecoration when needed.

Is the service caring?

Our findings

People living at the home had lived together for many years. The atmosphere was relaxed and people were seen to spend time chatting with each other. People told us, "I am very happy with the staff and all the residents. There is a friendly family atmosphere and the staff work hard on our behalf" and "The staff and residents are very friendly and I am quite happy here."

People commented on the kindness of staff and said they were responsive to their emotional and social needs. People told us, "They [staff] are very kind", "Nothings too much trouble", "It is a good home, they are fantastic here, couldn't get any better", "They [staff] will ask me how I am doing, they put my mind at rest and say don't worry. Staff reassure me when I'm anxious", "Yes, they are very friendly. Every year the staff buy the residents some presents. It was very nice of them, I appreciated it. They do a lot for us, I am very happy here."

Everyone we spoke with felt staff respected their privacy and dignity and were respectful towards them. We were told, "If I want to be alone in my room they might knock on and see if I am alright but they will leave me", "Yes, they knock on the door they don't walk in", "Yes, I need help getting dressed at the moment, they will turn around because I don't want them to see me", "Staff are very approachable" and "Staff are friendly and respectful."

People were encouraged to maintain their autonomy and independence. People told us they made their own decisions about their preferred routines and those able to were seen to come and go freely throughout the day. People had a bus pass, which enabled them to travel easily around the local and wider community.

We saw some people needed support from staff to help keep them safe, whilst enabling them to maintain some independence. One person wore a personal alarm so they could call for help in the event they had a fall. They said this gave them some assurance that staff would respond if they needed them. Other people required help getting in and out of the bath. A bath chair had been fitted to make it easier for people and minimise any risks. Another person had been provided with adapted cutlery so that they were able eat their meal by themselves.

We saw and were told that confidentiality was maintained. People's care records were stored securely in the staff office. People told us conversations were held in private. Comments included, "If I have an issue we go in a private room to discuss it and I know that the staff are not going to talk to residents about it." Feedback from professionals in the surveys confirmed that when they visited the home they met with people in private."

We looked at how the provider considered areas of equality and diversity when planning people's care and support. People living at Fernica were of different faiths. Those wishing to observe their religion were supported to do. A rabbi visited weekly on Shabbos for Friday night prayers and festivals were observed such as the Jewish New Year. People were also making plans to celebrate Christmas.

Most people maintained relationships with friends and family, contacting them on their personal phones or visiting them. The service had an iPad, which was available for people to use. One person was completing a free computer course at a local adult learning centre so that they could use the equipment and keep in contact with people via email.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Methods of communication were explored during the assessment and detailed within the care planning documentation. We saw records about people were provided in a pictorial and written format, which were easy to follow. Staff were aware of people's abilities and communicated with people in a way they understood.

Is the service responsive?

Our findings

During our last inspection in February 2018 we found the registered provider was not meeting all of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to our findings the responsive domain was given a rating of Requires Improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least Good. At this inspection we found improvements had been made to meet the Regulations.

At our last inspection in February 2018 we found that the home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient numbers of staff were not provided to help facilitate and support people in achieving their individual goals and aspirations.

During this inspection we found for those people needing support to take part in activities away from the home, additional staffing levels had been put in place. Records were completed to evidence the support offered and feedback was sought from the person. This helped to create routines based on people wishes and preferences.

People's goals and aspirations had been identified to help support them in a way they wanted. Most people continued to follow activities of their own choosing. These included voluntary jobs, attending the gym, playing musical instruments, meeting with friends and family, visiting cafés and garden centres, shopping as well as relaxing at home watching television or playing music. Group activities had been offered however most people did not want to take part. Although people did enjoy meals out to celebrate birthdays or Christmas.

People we spoke with told us, "I have a voluntary job. [Registered manger] said stick at it, she was right, I love it now", "They do games evening and TV evenings. I would like to play chess more. I play dominos with [person's name]", "They take us on trips out now and again. They give out a load of presents at Christmas" and "Sometimes we have a film night and [deputy manager] has asked us if we want to play games, none of us really want to because we are quite independent and like our own routine. I'm quite occupied."

Staff spoken with confirmed what we were told, adding, "The majority of people don't want to do things like that. They just want to do their own thing. The ladies love to go to the garden centre and the men often will go to the coffee shop around the corner, they don't need staff for that. We encourage that."

We reviewed the care records for five people. Together with the deputy manager, people had developed their own plans so that information reflected the support they wanted and needed. Some information was provided in a pictorial format so that it was easier to read and understand. People we spoke with confirmed they were aware of their care plan, commenting; "Yes, there's two copies, one for me and one for the staff" and "Yes I have, [deputy manager] took me through it and asked for my opinion and we came up with a plan. My coping strategies are written down. I have been actively involved in my care plan, I know everything

that has been said."

We saw that records were kept under review and involved relevant health and social care professionals where needed. Comments received on the feedback surveys distributed by the home confirmed our findings. Health and social care professional commented; "The staff are very communicative and get in touch immediately if needed" and "Regular telephone calls and meetings." People who used the service also commented, "I am given ample notice of an upcoming review. The staff transport me to and from the review."

People's records also reflected their wishes and how they wanted to be cared for at the end of their life. We saw a 'do not resuscitate' plan on one person's file as well as people's funeral wishes; these considered people's cultural and religious needs.

We were told no complaints or concerns had been received since our last inspection. A poster was displayed in the dining room advising people of who they can contact should they need to. All the people we spoke with said they knew how to raise a concern, and who to contact if they needed. One person commented, "No complaints about all the staff they are smashing. I think you go to a member of staff, there is a form on the wall or speak to your social worker." Comments people made in the feedback surveys also included, "If I do have any problems I feel that I can speak about them at the home", "I feel I can approach staff with any concerns", "I am listened to by staff with any concerns that I might have" and "The staff are very approachable and are always there to talk to."

Is the service well-led?

Our findings

During our last inspection in February 2018 we found the registered provider was not meeting all of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to our findings the Well-led domain was given a rating of Inadequate. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least Good. At this inspection we found improvements had been made to meet the Regulations.

At our last inspection in February 2018 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because adequate management and oversight arrangements were not in place to effectively monitor and review the service so that people were protected from the risks of unsafe or inappropriate care and support. We were also concerned that the registered manager was working an increasing number of hours, which meant they were not able to effectively support people as well as manage and improve the service.

During this inspection we were told and records showed that an additional staff member had been recruited and rotas had been revised. The registered manager was seen to be working fewer night shifts and now had designated time during the week to carry out their management duties.

Since the last inspection work had been completed to evidence the service was adequately monitored. We found checks were completed with regards to medication, people's finances, cleaning, health and safety, infection control and staff training. Any accidents or incidents were monitored, where necessary and care plans were kept under review. The registered manager had also distributed feedback surveys to people who used the service and third parties, such as health and social care professionals and solicitors involved with people. A good response was received. Response were very positive about the management and support provided at the home. People's comments included; "A family run, caring, attentive care setting", "Excellent, extremely caring" and "[Registered manager] is very hands on, she works like a trooper and she will always see you about problems. They don't pass the book."

People also had the opportunity to share their views during the resident meetings. One person told us they thought the meetings were 'good', adding; "Yes we had one a few days ago with [deputy manager] and [registered manager]" and "They listen to us."

It was acknowledged by the registered manager and deputy manager that work had yet to be completed with regards to updating all the policies and procedures. We were told that consideration being given to 'buying in' policies so that information was accurate and up to date. The deputy manager was also reviewing the home's Statement of Purpose and service user guide.

It is recommended that findings from the audits and feedback received continue to be reflected in the homes business improvement plan along with any action taken. This would help to demonstrate on-going and sustained improvements were being made to enhance the service and experiences of people. This will be reviewed during our next inspection.

We asked staff their views about the management of the home and if they felt they would be listened to if they raised any issues with the registered manager. Staff felt they could share their views and the registered manager listened to them. One staff member told us, "Definitely, quite often do. I feel very comfortable doing that", "If I have a concern I will make sure that I have got that across and they understand why I have got the concern" and "[Registered manager] puts so much into this place, she goes out of her way with the service users. It's her life. She lives and breathes it."

Prior to this inspection we reviewed information sent to us by the registered provider. Formal notifications had been sent to us, when required. This information helps us to monitor the service ensuring people are protected.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw the last inspection report and rating were displayed on the notice board on the dining area. All the people we spoke knew where to access this.