Summerfield Rest Home Limited

Summerfield Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 25 September 2018 and was unannounced. Summerfield 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. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to 35 people in one adapted building. At the time of our inspection there were 21 people living in the home.

At the time of our inspection there was a registered manager in post. 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.

The service had previously been rated as 'requires improvement'. At this inspection the service was rated as 'good'. The service had addressed the issues raised at previous inspections and arrangements were in place to deliver a good standard of care and improve quality.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Risk assessments were not in place for bed rails however the registered manager put this in place immediately after our inspection. The environment was clean. There were arrangements to prevent and control infections.

Guidance was in place to ensure people received their medicines when required. Processes were in place to manage medicines. Where people required their medicines in food arrangements had not been in place to ensure the method of administration did not affect the efficacy of the medicine. The medicine policy was not in line with good practice guidance.

Where people were unable to make decisions arrangements were in place to ensure decisions were made in people's best interests. Best interests decisions were specific to the decisions which were needed to be made.

A system was in place to carry out suitable quality checks and appropriate checks had been regularly carried out. Where required, actions had been taken to improve the service. The provider had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care. Sufficient background checks had been completed before new staff had been appointed according to the provider's policy.

Staff had been supported to deliver care in line with current best practice guidance. Arrangements were in

place to ensure staff received training to provide care appropriately and effectively. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access a range of activities. People were supported to access local community facilities. The registered manager recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care. Arrangements were in place to support people at the end of their life.

The registered manager promoted a positive culture in the service that was focused upon achieving good outcomes for people. They had also taken steps to enable the service to meet regulatory requirements. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been regularly consulted about making improvements in the service. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Where people required their medicines in food arrangements were not in place to ensure the method of administration did not affect the efficacy of the medicine. Medicines were managed safely and medicine records were fully completed.

Arrangements were in place to prevent the spread of infection.

Recruitment checks were fully completed.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. Risk assessments had not been completed for a specific issue however this was resolved following our inspection. Arrangements were in place to safeguard people against avoidable accidents.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training and support to assist them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Staff responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered and care was provided according to people's choices.

Is the service responsive?

Good

The service was responsive.

Care records were personalised. Reviews had been carried out to ensure records were up to date and reflected people's current needs.

People had access to a range of activities and leisure pursuits. People had access to the local community.

The complaints procedure was on display and people knew how to make a complaint.

The provider had arrangements in place to support people at the end of their life.

Is the service well-led?

Good

The service was well led.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care. Actions had been taken to ensure any identified issues were addressed and the service improved.

Staff were listened to and felt able to raise concerns. There was an open and supportive culture within the home.

The provider had notified the Care Quality Commission of events in line with statutory requirements. A registered manager was in post.

Summerfield Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 September 2018 and was unannounced.

The inspection was carried out by an 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.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. 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. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with four people who lived at the service, two relatives, three members of care staff, the manager and the registered manager. We also looked at three care records in detail and records that related to how the service was managed including staffing, training and quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection the service was rated 'Requires Improvement' in 'Safe'. The provider had not put in place arrangements to prevent people from experiencing avoidable accidents. For example, radiators not been fitted with guards and windows were not fitted with suitable safety latches to prevent them from opening too far. At this inspection we saw refurbishment had taken place to address this and reduce the risk. However, the rating remained 'Requires Improvement' because we found other concerns.

We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. However, risk assessments had not been completed where people required bed rails to keep them safe. We spoke with the registered manager about this and following our inspection we received evidence these had been put in place.

Where people required medicines to be given in food and drink without their knowledge (covertly) we found the provider had not put in place arrangements in line with national guidance. We looked at the provider's medicine policy and found it did not comply with the national guidance. The provider had discussed the issue with the GP but had not actively obtained the opinion of a pharmacist to ensure the method of administration did not affect the medicines. People were at risk of their medicines not being effective due to the method of administration. The registered manager spoke with the pharmacist during our visit in order to obtain their professional opinion. Where a person required their medicine by this method occasionally the medicine administration record (MAR) was not clear about this. There was a risk the person would not receive their medicines.

One person told us, "I trust them with my tablets, they bring them when I need them and always on time." We observed people were supported to take their medicines in the method they preferred, for example, from their hand or from a cup and with a drink of their choice. One person refused their medicine initially and the tablet was dropped. We observed the tablet was still offered to the person despite it falling on the floor. This is not good practice and there is a risk of cross infection.

Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required, (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines.

Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place.

People told us that they felt safe living in the service. One person told us, "I feel safe because I have people to call if I need help. I prefer to stay in my room and my buzzer is always placed close by me. They are quick to come to me and at night when I call they just seem to come instantly." Another said, "The home makes

me feel safe, it's my home and the people around me make me feel secure." Arrangements were in place to support people to feel safe. For example, we observed a member of staff admit a visitor to the home and check who they were before allowing them to enter the main part of the home. One person had a pressure mat in their bedroom which alerted staff if someone entered so they could check whether people should be in the person's bedroom as the person was unable to easily express their wishes.

Relatives also told us they were confident that their family members were safe. One relative commented, "My relative is well cared for, they(staff) are protecting my relative. They(staff) change [family member's] position regularly and move them carefully from bed to chair." Another told us, "I can see that my relative is safe and she tells me she is really well looked after."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. Relatives told us that staff dealt well with people who were confused or distressed.

Staff we spoke with told us that they felt staffing numbers were adequate. A relative told us, "If I ask the staff for something they just come straight away." On person said, "I try not to bother them, but they are always here if I need them. I only have to wait five to ten minutes, but if it is longer they let me know, they may be dealing with someone else at the same time" Another told us, "I choose to stay in my room a lot and if I need help I just press my buzzer. I have to say they are really very quick in coming to me." During our inspection we did not observe any occasions when people were not responded to. The registered manager told us they had put in place arrangements to ensure there was sufficient staff to support people. A dependency tool was used to ensure there were sufficient staff to meet the needs of the people who lived at the home. We saw that call buttons were within easy reach for people so they could get assistance if they needed. We observed call bells were responded to promptly.

We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered persons had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

People told us they felt the home was clean. We observed suitable measures were in place for managing hospital acquired infections and staff were aware of these. For example, during lunchtime we observed tables were wiped between courses and the plates were taken away from the dining room to be attended to after meal service. One person told us, "They clean my room every day. They clean the toilet; the washbasin; dust and vacuum all over, wipe the table and empty the bin. The beds are changed once a week or more often if I need it." Staff wore protective clothing such as gloves when appropriate and could tell us how they would prevent the spread of infection. An audit had recently been carried out and actions put in place where issues had been identified. Staff had received training and were able to tell us how to prevent the spread of

infection.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found some parts of the accommodation were not well decorated or maintained. At this inspection we found a refurbishment plan was in place. We saw the hairdressing room had been refurbished and a programme for updating bedrooms was in place. One person told us, "I like my room, it was decorated before I came to live here, and I am really happy with it." A relative said, "They recently decorated my relative's room and asked me what their favourite colour is and then decorated it accordingly."

There were adaptations, such as signage in words, pictures and symbols to assist people who required assistance with orientation around the home. Where people required specific equipment to assist them with their care this was in place and appropriate checks made regularly to ensure it was safe. Although the home is registered to accommodate 35 people the registered manager told us they would not fill it up to 35 because they had decided the environment was not appropriate for that amount of people.

At the previous inspection we had also identified the provision of induction training was not well organised. At this inspection we found the provider had started to introduce the National Care Certificate for both new and current staff. The National Care Certificate sets out common induction standards for social care staff. The introduction of this to all staff meant that staff would all receive the same baseline knowledge. People were confident the staff knew what they were doing and had their best interests at heart. Members of staff told us and records confirmed that they had received introductory training before they provided people with care.

Staff had received refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way. Staff told us they felt supported and were able to speak with the registered manager and manager if they needed to. Records showed supervisions and appraisals on a one to one basis had taken place and were planned. This is important to ensure staff have the appropriate skills and support to deliver care effectively.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance.

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. At the time of our inspection three people were subject to DoLS and appropriate arrangements were in place.

Where people were able to consent, documentation had been consistently completed with them for issues such as access to records and photography. Care records indicated where people had capacity to consent to their care and treatment or if another person had legal authority to give consent that this had been given. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate and had been reviewed.

We observed lunchtime and found the experience was relaxing for people. Staff made conversation with people during lunch and regularly asked them if they were okay and if they were enjoying their meal. We observed a member of staff gently supporting a person to hold their spoon to enable them to eat pudding independently.

Meals were provided by a separate company. One person told us, "The food is very good. We are asked what we would like at each mealtime; there is usually something I like, but if not, I can ask for something else." Another said, "The food is reasonable. At breakfast I either have porridge or cornflakes and toast, but you can also have a cooked breakfast. There is a choice at lunchtime and for tea we have sandwiches or soup and sometimes teacakes." We observed people were offered choices at lunchtime. For example, a choice of lemon, orange or blackcurrant drink was offered and regular re fills were provided throughout the meal. Each person was offered two choices and people were shown the meals to help with their choice. Staff told us if people did not like either option alternatives were available. However, because meals were fully plated before people were asked for their choice it was difficult for people to explicitly choose their vegetables. We spoke with the registered manager about this who said they would discuss this with the meal provider.

People were supported to eat and drink enough to maintain a balanced diet and where required adapted equipment was available if people needed them to assist them with eating. We observed drinks and snacks were provided throughout the day in communal and bedroom areas. A relative told us, "Before my relative came in they were refusing to eat, but the staff have been lovely and now they eat well and has gained weight." Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Initial assessments had been carried out prior to people coming to live at the home. We observed these had established if people had cultural or ethnic beliefs that affected how they wished to receive their care.

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. One person told us, "If I need to see the doctor the manager or whoever is in charge on the day would just send for one. I have recently got over a chest infection, the staff called the doctor and I took antibiotics. The staff organised it all and I just feel I don't have to worry if I become ill as I know I will be looked after." Reviews were held with people and professionals who were involved in their care. Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

Good

Is the service caring?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found that suitable provision had not been made to enable staff to fully promote people's privacy. At this inspection we found people's privacy, dignity and independence were respected and promoted. We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were respectful when supporting them with personal care and they had never felt undignified or embarrassed. We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

People told us staff were caring and kind. One person said, "The staff are kind all of the time and they look after everyone really well." Another told us, "It is like a family here, I know the carers, we chat and laugh and that makes me happy." A member of staff also described the atmosphere in the home as a family atmosphere. People were treated with kindness and were given emotional support when needed. For example, we observed a member of staff approach a person who required support. They knelt at eye level to ask the person if they could help. When they attempted to help the person, the person said they felt unsteady. The member of staff immediately stopped and gently said to the person that they would go and get some help.

There was an overall atmosphere of warmth within the home. A member of staff described the home as their second home. Another said, "I treat people how I would want to be treated." A relative said, "It is little, but important things, that make the difference such as my relative always having a jug of juice by their side. This prompts us all to support them to have a drink."

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. When we spoke with staff they explained how they reassured people and tried to distract them from the issue that was making them upset. We observed staff using terms of endearment and the residents' preferred name. The staff were calm with people even when they were upset. A relative said, "When my relative becomes upset I have seen how well the carers comfort her." We observed staff responded in a manner to prevent distress for example a person liked very regular cups of tea and we saw the care plan detailed this and advised that they should have a drink when they requested. During our inspection we observed staff responded to them in a patient manner and responded to their requests.

We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. One person said, "The staff have talked to me to know how I like to be cared for and we have worked it out between ourselves. They understand my needs." Another person said, "I want to stay as independent as I can, and the staff know that and help me to make that happen." A relative told us when their family member was admitted they had lost the ability to walk, but had now started to walk again with the support of the home.

Staff offered people choices about their care, for example, a care record stated about a person, 'Likes to wake and retire when [person] chooses' and 'likes curtains shut, all lights off and door halfway open'.

We saw staff assist a person to into the dining room, they did this in a calm manner and gently supported them into their chairs. We observed two staff assisting a person to walk with a walking aid, they provided clear guidance and encouragement and supported the person into their chair. We saw they did this at the person's pace and allowed them to do as much for themselves as they could whilst remaining attentive and staying close. We saw that the staff member was constantly talking to the person checking they were alright and offering praise and reassurance. Staff explained what they were doing and how people could assist them when moving.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the provider had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Where people were unable to communicate verbally arrangements had been put in place to support them. A member of staff told us about a person they supported during a hospital appointment. They told us they took a small wipe board with them so the person could understand what was happening. Another person had laminated signs in their room so that staff could communicate with them about day to day matters.

Good

Is the service responsive?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because there were shortfalls in the arrangements to provide hobbies and interests. At this inspection we found two staff were employed to provide leisure pursuits across the seven-day week. Activities included, exercise sessions, music sessions and arts and crafts activities. People were supported to engage in activities in the community such as a coffee morning and a 'knit and natter' club was held each Wednesday morning to which members of the local community were invited to attend. We saw at a residents' and relatives' meeting activities were discussed an it was suggested people would like to attend a visiting circus which was subsequently arranged.

People's views on and experience of the activities provided in the home were positive. One person told us, "The activities lady took two of us out yesterday to a café for a scone and a cup of tea and we had a lovely time." Another person said, "They get everything I need in order for me to carry on with my knitting and cross stitching." A relative told us, "The activities staff are brilliant, they read to my wife and they are very gentle and respectful in the way they speak to her." We observed a member of staff reading to a person who was unable to join in activities in the communal area. We also observed people having nail care and taking part in a craft group in preparation for the Macmillan coffee morning later that week.

People said that nurses and care staff provided them with all the assistance they needed. We found that people received care that was responsive to their needs. For example, a person had recently moved to a larger bedroom because their care needs had increased. Staff told us it meant it was easier to accommodate the specialist equipment which was needed and provide more effective care. Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan.

Care plans were regularly reviewed and reflected people's changing needs and wishes. Information was available about people's work history and life experiences. This is important to assist staff to understand people's needs and wishes. People told us they had been involved in developing their care plan.

Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans. The Accessible Information Standards is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Relatives told us they felt welcomed at the home and we observed staff speaking with relatives and chatting with them. We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals. For example, a person told us how they were encouraged to personalise their bedroom. They said, "I haven't been here long, and I am gradually bringing things from home to decorate my room and the staff are encouraging me to do that. They keep my room spotless." Another said, "I don't have relatives or friends close by and the staff have encouraged me to make friends here, which I have done

and that is so nice." Furthermore, the provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender.

There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. One person said, "If I wanted to complain I would just speak to one of the staff, they are all very approachable and it wouldn't be a problem." A relative told us, "There is nothing I am concerned about. If I have ever had a slight worry I have spoken to the manager; she is very approachable and will sort any issue as soon as she can." There were no ongoing complaints at the time of inspection.

The provider had arrangements in place to support people at the end of their life. For example, where people chose to, care plans included information of what they wanted to happen in the event of illness and subsequent death. The provider had put additional training in place to ensure staff felt confident in supporting people at the end of their life.

Good

Is the service well-led?

Our findings

This domain was rated as 'Requires improvement' at the previous inspection because quality checks had not always been effective in quickly addressing issues. At this inspection we found that the registered persons had regularly checked to make sure that people benefited from having all the care and facilities they needed. For example, checks on the prevention of infections had resulted in a recommendation to cover skirting boards so they could be more easily cleaned. We saw this work had commenced.

We found that the registered manager had made several arrangements that were designed to enable the service to develop. We saw that following our previous inspection an action plan had been put in place and issues addressed. Staff were in the process of taking up lead roles to ensure the organisation and staff were kept informed of developments in areas such as dignity and dementia care. A relative told us, "There have been a number of improvements since the new manager started and I have completed a few surveys recently."

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. There were formal and informal opportunities for people to express their views and wishes about the care and support they received. For example, one person told us, "They do have residents' meetings to ask us what is like to live here and they are really very good." Another person said, "We had a resident meeting recently and talked about how we could maybe get a clothes company to come in for us to do a bit of shopping. We were also asked about the activities we have and if we would like to try something different. The staff really wanted to know the kinds of things we enjoy doing." Another relative told us, "I have been to a relatives' meeting and it was a very good meeting. There was a lot of very positive feedback and some constructive criticism, but the manager was very open." We observed that decisions taken at these meetings had been followed through. For example, at a meeting in August 2018 people expressed a wish to have a fish tank. During our inspection we saw a fish tank was in place.

Quality surveys had been carried out with people who lived at the home, their relatives and staff. We saw that responses were positive and any issues that had been raised had been collated and actions taken. For example, staff asked for additional training for end of life care and we saw this was included on the current training plan. A notice board in the entrance hall displayed the results of audits which meant visiting professionals, people and their relatives were kept informed of the outcomes of checks and surveys.

Staff told us they thought there was an open culture. One member of staff said, "I love coming to work, we are a good team." Regular staff meetings were held and staff received feedback from the manager about issues in the home. We looked at minutes from the meeting and saw that issues such as care records and staffing were discussed. Staff told us they felt there was a good team environment and staff understood their roles within the organisation.

A member of staff told us the manager was approachable and organised. They told us they thought there was significant improvement since our last inspection. During our inspection we observed the registered manager around the building supporting staff and offering assistance where required. The registered

manager had developed working relationships with local services such as the local authority and GP services. We observed staff had worked with partner agencies to resolve issues. For example,

Staff told us they thought the registered manager, was approachable and listened to them. They described the home as homely and caring. One member of staff told us they felt supported in their role and explained that the registered manager had supported them during difficult personal circumstances so they could continue to work at the home. Another person said, "I often see the manager as she pops her head around to check that we are alright." One person who lived at the home said, "The manager is excellent. If you want to talk to her, she really listens to you and always wants to help you and does as much as she possibly can."

The registered manager told us they operated an open-door policy and both people who lived at the home were welcome into the office at any time. Staff told us they were confident that any concerns they raised with the registered manager would be taken seriously so that action could quickly be taken to keep people safe.

We looked at the Statement of Purpose which is some document providers are required to have in place detailing they details of the service. We found it reflected current arrangements for management and appropriate reporting of complaints. Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries. The provider had displayed the rating of their previous inspection according to CQC guidelines.