

The Flowers Care Home Limited

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Inspection report

3 Snape Drive
Horton Bank Top
Bradford
West Yorkshire
BD7 4LZ

Tel: 01274575814

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out on the 16 March 2017. The Flowers Care Home is registered to provide accommodation and personal care for up to 23 people and specialises in caring for people who are living with dementia. There were 20 people living at the home on the day of inspection. The home is located in a residential area close to local shops and other amenities. There is a bus route nearby. There are two shared bedrooms, the remaining are single rooms. Some bedrooms have en-suite facilities.

Our last inspection took place on 16 June 2015 and at that time we found the home was not meeting two of the regulations we looked at. These related to 'safe care and treatment' and 'good governance'. The service was rated 'Requires Improvement' overall. This inspection was therefore carried out to see if any improvements had been made since the last inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

We found care records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure their safety and welfare.

Robust recruitment procedures were in place which ensured only staff suitable to work in the caring profession were employed. Staff received the training, support and supervision they needed to carry out their roles effectively.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make their own decisions and the registered manager was aware of the process to follow should a person lack the capacity to consent to their care and treatment.

We saw staff had received training in safeguarding adults and were aware of the correct action to take if they witnessed or suspected any abuse. Staff were aware of the whistleblowing policy (reporting poor practice) in place and told us they were certain any concerns they raised would be taken seriously by the registered manager.

Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way. Accidents and incidents were recorded and action taken to reduce the risks to people.

We found the registered manager and staff we spoke with were able to tell us about the people who used the service, knew their likes and dislikes and things that were important to them. Staff supported people

nutritional and hydration needs and ensured they had access to other health care professionals when needed.

There was a robust quality assurance monitoring in place to help improve the quality of the service provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

There was a complaints procedure for people to voice their concerns. People who were able and/or their relatives told us they had no complaints but were confident that they would be listened to and action would be taken to resolve any problems they may have in the future.

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

The staff recruitment and selection procedure was thorough and ensured only people suitable to work in the caring profession were employed.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

People received their prescribed medicines and medicines were managed properly and safely.

Is the service effective?

Good 

The service was effective

People were supported by staff that were trained and supported to meet their needs.

People's right were protected because the service was working within the principles of the Mental capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals and their nutritional needs were met.

Is the service caring?

Good 

The service was caring

People who were able told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected and the atmosphere within the home was caring, warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

Good 

The service was responsive

Care plans provided staff with the information needed to provide person centred care.

There was a range of activities for people to participate in, including activities and events in the home, and in the community.

There was a complaints procedure in place and people felt confident that if they made a complaint it would be dealt with appropriately and in a timely manner.

Is the service well-led?

Good 

The service was well-led

The registered manager promoted a positive culture to ensure that the service was person centred.

The provider had quality assurance systems in place to ensure continuous improvement of the service.

The provider sought the views of people who used the service, their families and staff about the standard of care provided.

The Flowers Care Home Limited

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.

The inspection took place on 16 March 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor [Mental Health].

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

The majority of people who used the service were living with dementia, which meant they could not always share their experiences with us. We therefore used a number of methods to help us understand their experiences, including the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the managing director of The Flowers Care Home Limited, the registered manager, five staff members and ten people who used the service or their relatives. We also spoke with one visiting healthcare professional.

Before the inspection we reviewed the information we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We usually ask the registered provider to complete 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 did not ask the registered provider to complete a PIR on this occasion.

Is the service safe?

Our findings

At the last inspection we found the registered provider did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed. For example, we found the provider did not have protocols in place for medicines prescribed 'as required' (PRN) and time critical medicines were not always administered as prescribed.

On this inspection we found arrangements for the administration of PRN medicines protected people from the unnecessary use of medicines. The records we looked at clearly showed under what circumstances PRN medicines should be given. We looked specifically for the use of antipsychotic, anxiolytic or antidepressant medicines as interventions for challenging behaviours. We found functional analysis had taken place to identify what appeared to trigger untoward behaviours and trends in behaviour to enable staff to de-escalate situations without the need for PRN medicines.

We also found medicines systems were in place to ensure medicines to be administered before or after food were given as prescribed, which had not been the case at the last inspection. We were told people were assessed as to their capability to self-medicate and care records showed this to be true. Whilst no people had been found capable of self-medication the process demonstrated the provider was aware of the need to maximise people's independence. Staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

We looked at medication administration records [MAR] and reviewed records for the receipt, administration and disposal of medicines. We conducted a sample audit of five medicines dispensed in boxes to check their quantity. We found on all occasions the medicines could be accounted for. We found people's medicines were available at the home to administer when they needed them.

We saw evidence people were referred to their doctor when issues in relation to their medication arose. Allergies or known drug reactions were clearly recorded on each person's MAR sheets. We found in some instances documents such as the MAR sheet indicated a pharmacist had knowledge of the need to give medicines covertly. However, we found they had not provided staff with instructions on how to disguise the medicine safely. The managing director and registered manager assured us they would arrange for reviews of covert medicines and ensure the requirements of the MCA and advice contained in the National Institute for Health and Care Excellence (NICE) managing medicines in care homes (March 2014) was adhered to immediately.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were prescribed controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for. We spoke with a district nurse to enquire about the administration of injectable medicines prescribed for pain. The district nurse told us the home reacted quickly when people were in need of pain-relief by contacting the Gold Line service. The Gold Line is a single point of contact for care staff to contact the district nursing service. They

can access help and advice 24 hours a day, 7 days a week.

We saw the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. The application of creams was recorded on a separate sheet containing a body map and the areas where the cream had to be applied. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The medicine trolley was secured to the wall when not in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures. We saw the outcome of recent medicine audits conducted by the manager where their findings concurred with ours.

The registered manager told us sufficient care staff were employed for operational purposes and that staffing levels were based on people's needs. The staff we spoke with confirmed this and told us there were enough staff deployed to ensure people received safe and appropriate care. We saw since the last inspection the recruitment and selection policy had been updated and showed all applicants were required to complete a job application form and attend a formal interview as part of the recruitment process. The registered manager told us during recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working in the caring profession.

We looked at three staff employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. They also said they felt well supported by the registered manager and senior management team. People who were able told us they felt safe and were well supported by staff. One person said, "I like living here it's better than living at home alone." Another person said, "I feel safe and secure living here" I know the staff will look after me if something happens."

We completed a tour of the premises as part of our inspection. We inspected bedrooms, bath and shower rooms and various communal living spaces. All radiators in the home were covered to protect vulnerable people from the risk of injury. Hot water outlets to baths and showers were protected by thermostatic mixer valves. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw that upstairs windows had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows.

We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed. We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

We looked at the accident and untoward incident records to find these largely related to falls or people being discovered on the floor. Whilst overall we found no evidence of repeated incidents we saw some pattern to the time of day recent incidents had occurred. We saw accidents and incidents were the subject of managerial audit yet this issue had not been identified. The managing director told us this matter would be investigated and dealt with immediately.

Staff encouraged and supported people to maintain their independence. There were risk assessments in

place which identified risks and the control measures in place to mitigate risk. For example, we saw one person had been found to have a high blood cholesterol. Professional dietary advice had been given to ensure the risks associated with high cholesterol levels could be minimized. We saw this advice had been translated into the care plan and our observation of meal times suggested the advice was being actioned. We saw the effective use of risk assessments and health and safety advice to ensure people who had bed-rails in use were not in danger of injury through entrapment from ill-fitting equipment.

We saw individual risks to people had been discussed with them wherever possible or their advocates. For example, one person had declining poor vision. The care plan showed evidence of a meeting with family members to try to reduce risks associated with poor sight. The meeting decided upon changes to the person's bedroom with improved lighting and the application of protectors on hard surfaces and corners of furniture. Our inspection of the bedroom showed the actions had been implemented. We spoke with a relative who had been at the meeting. Without prompting they recalled the meeting by saying, "This home is really caring and we cannot express sufficiently the great comfort we take from knowing [relative] is cared for safely." In addition to the home's positive response to risk management their actions in this instance demonstrated their adherence to the Equality Act 2010, in particular how the service ensured people were not treated unfairly because of any characteristics which are protected under this legislation.

Throughout our inspection we saw at all times there were sufficient numbers of staff to meet people's needs, including giving them individual attention and engaging in meaningful activities with them. Calls and requests for help were answered promptly with people receiving care and support in a timely manner. For example, lunch was served quickly and effectively, yet provided good opportunities for people to engage in conversation. People, once seated, didn't have to wait long and their food was served hot and well-presented. We saw there was sufficient staff to help people who required support to eat.

We spoke with a member of staff allocated to perform domestic duties. They told us they had access to appropriate protective equipment and a ready supply of cleaning materials and products. They told us of cleaning schedules which identified daily routines. We saw there was availability of cleaning products which were safely stored in a separate building yet easily available. All cleaning products had been subject to Control of Substances Hazardous to Health (COSHH) assessments. We were told of a coloured cleaning cloths and mops system which ensured separation of cleaning materials for toilets, kitchens and bedroom surfaces. We observed the correct use of the cleaning cloths in practice. We asked the member of staff allocated to domestic duties to describe their role in the event of an infection out-break. Their answer demonstrated a competent understanding. They also described the staffing levels as being adequate to maintain a clean environment. Our observations of the home showed it to be clean with no evidence of mal-odours.

Is the service effective?

Our findings

The relatives of people who used the service told us that staff were competent and knowledgeable and always provided care and support in line with the agreed care plan. One person said "The manager and staff are very good at keeping me informed of changes in [name of person] health which I find very reassuring." Another person said "I looked around a number of other homes before choosing The Flowers but I am confident I choose the right place for [Name of person]. The staff are excellent and [name of person] looks so much brighter and happier since moving into the home."

The registered manager told us all new staff completed the Care Certificate and always shadowed a more experienced member of staff so they could get to know the people they would be supporting and working with. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw all staff updated their mandatory training including health and safety, infection control and moving and handling on an annual basis and since the last inspection the provider had established a lending library of useful and informative literature. We were told staff were encouraged to take a publication and complete a learning log which they then discussed during their formal one to one supervision meetings and shared with other staff members. The staff we spoke with told us the training they received enabled them to carry out their roles effectively and in people's best interest.

We saw the home continued to use a cook-chill frozen meals service for the main meals of the day. We saw the home maintained accurate records to allow for the traceability of all food. Records were kept to ensure the correct temperature had been achieved in the re-heating process. This action mitigated risks associated with inadequate reheating of frozen foods. We saw since the last inspection a part time cook had been employed which meant care staff no longer had to spend time on food preparation.

We observed both the breakfast and lunchtime meals and saw people were given time to eat their meals and there was a relaxed atmosphere. We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. We saw people were offered and shown a choice of meals and encouraged to decide what they wanted to eat. Hot and cold drinks were offered to people throughout the day and fruit water and fresh fruit was available in the lounge areas. The staff we spoke with demonstrated a good understanding of individual people's dietary needs and told us they ensured people received a balanced and healthy diet.

At the last inspection we found people's weight was being recorded in multiple places within their care documentation which increased the chance of mistakes being made. On this inspection we found improvements had been made to the way people's weights were recorded and a new nutrition and hydration policy had been put in place. We saw four people were on food and fluid intake charts to ensure they had sufficient to eat and drink. However, we saw staff were not always recording the amount of fluid people had to drink during the evening and overnight. This meant we could not establish with any certainty the amount they had drunk over a 24 hour period. This was discussed with the registered manager who

addressed the matter immediately.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw one person had DoLS in place, with a further 19 authorisations awaiting attention by the supervisory body. We saw where the supervisory body had attached conditions to the authorisation these were being met. For example, one recently applied condition required the managing authority to arrange for a review of a person's medicines. We saw arrangements were in place for the review to take place the day following our inspection. The managing director, registered manager and staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

We looked at a sample of care plans for people who we saw had bed-rails attached to their beds. Assessments of people's needs demonstrated bed rails were used only to prevent people falling out of bed or where people were anxious about doing so. We saw risk assessments were carried out to ensure the potential risks of using bed rails were balanced against the anticipated benefits to the user.

People had access to health care professionals to meet their specific needs. During the inspection we looked at four people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses, chiropodists and community psychiatric nurses.

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff demonstrated empathy and understanding of people's needs delivering care in a quiet manner with people speaking warmly about their carer's.

We observed that staff demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people and encouraged independence whilst also offering support when it was needed. We found staff had an excellent knowledge of each person and their knowledge corresponded with the life history information in their care records.

The service had a strong person centred culture and staff had developed positive relationships with people. Throughout the inspection we saw people and staff were relaxed in each other's company. We observed staff were not rushed in their interactions with people but took their time to listen closely to what people were saying to them and engaged them in meaningful conversations.

One relative asked to speak with us regarding their [relatives] care. They described the management team, care staff and the environment as being exceptional. They said care could not be delivered with such love and understanding had the carers been family members. The relative described how important events such as birthdays were celebrated with enthusiasm with other people, family and staff engaged in the event.

Another relative told us the standard of care provided at the home was excellent and had exceeded their expectations. They told us prior to [Name of person] being admitted to The Flowers Care Home the family had looked around several other homes in the local area but had chosen The Flowers because of the friendly and homely feeling they had experienced on the initial visit.

We saw bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home and remain in contact with their past experiences.

We saw people who were able and/or their family were involved in making decisions about the care they received. One relative told us how they were consulted about their family member's care where the person were not able to make their own decisions and were asked for their opinion on how the care should be provided.

The staff we spoke with told us that they enjoyed working at the home. One staff member said, "Our residents are fantastic and I enjoy looking after them. I care for them the same way I would want my own relative to be cared for." Another member of staff said, "I love the job and enjoy coming to work."

We saw people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

Staff told us they were aware of the importance of assisting people to maintain their appearance and supported them to do this by ensuring their clothing was clean and assisting them with their personal hygiene. We saw most people chose to socialise with others in the lounge or dining/activity room but some people chose to spend time on their own, which staff respected.

Everyone living at the home had the support of families and friends yet our discussions with the registered manager showed they had good insight into the requirements to provide unsupported people with lay advocacy.

Care records contained information about the way people would like to be cared for at the end of their lives. There was information which showed senior care staff and the registered manager had discussed with people and/or their families if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records were stored securely to maintain people's confidentiality.

Is the service responsive?

Our findings

We saw a pre-admission assessment was carried out before people started using the service to determine people's needs and to ensure the staff had the skills and experience to meet their needs. We saw the outcome of risk assessments at the point of admission to the service were used as the foundation to create a safe care plan covering, mobilisation, toileting, nutrition, communications, mood, sleeping and personal hygiene.

At the last inspection we found care plans were not person centred and merely provided an instructional guide for staff. On this inspection we found a complete review of all care plans was taking place with the format being changed to reflect a person centred approach to care. As such some care plans were incomplete but both the staff and management team were fully aware of where shortfalls had to be made good. For example some new records did not contain specific mental capacity assessments. The registered manager was aware of this shortfall and along with the managing director described the action they were taking.

We also found some examples of outdated documents conflicting with newer care assessments. For example, we saw two people's 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms recorded they had capacity to make decisions yet newer assessments concluded the people did not have capacity. The manager spoke with the GP practice during our inspection and before our departure new DNACPR forms had been completed. Whilst we saw care plans were, in some instances, incomplete, we found this to be a transitional position which the managing director and registered manager were dealing with in a thorough and systematic way.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were very vigilant and reacted quickly when a person needed support. For example, one staff member realised a person needed the toilet; they discreetly asked them if they needed to go to the toilet and escorting them there. We saw that staff remained patient and compassionate whilst people living with dementia sought constant reassurance and asked them questions repetitively.

The registered manager told us people were supported to maintain relationships with their family and this was confirmed by the relatives we spoke with. Relatives told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They told us they were invited to care plan reviews and were always informed of any changes in their relative's general health or welfare.

One relative said, "All the staff know what they are doing, they can answer any question we ask and they talk to us and tell us what [Name of person] has been doing." Another person said, "All the staff seem to know what to do, and who needs attention; I was involved in [Name of person] care plan and know what is going on; when [Name of person] was poorly, I was informed straight away."

We saw the activities co-ordinator stimulated people's interests in different ways. We were shown an array of games, quizzes, sensory objects, reminiscence memorabilia and art and craft materials used during activity

sessions. We saw on the day of the inspection they took two people out for lunch at a local coffee shop and throughout the day engaged with people either individually or in groups. The activities co-ordinator told us it was important that people had the opportunity to participate in activities both in the home and local community if they wished to do so and maintained an active lifestyle.

We saw resources which were aimed at engaging people who used the service in activities around the home. For example, one area of the home had been set out as a traditional public house snug room 'The bulldog Heads Inn' and an adjoining room was presented as Mrs Mac Queens 'sweet shop' which had bottles of real sweets and other items on sale. The registered manager told us both the shop and bar which only sold soft drinks were there to stimulate conversation and discussion with people who used the service.

We saw the service had a complaints procedure which was available to people who used the service and their relatives. The staff we spoke with told us they were aware of the complaints procedures and were able to describe how they would deal with and address any issues people raised with them. We looked at the complaints register and saw no formal complaints had been received since the last inspection. However, we saw the managing director kept a log of all the low level concerns received and was pro-active in making sure they were dealt with before they escalated to a formal complaint. The registered manager told us complaints were welcomed and were used as a learning tool to improve the service for everyone.

The relatives we spoke with told us that they knew how to make a complaint and would have no hesitation in making a formal complaint if the need arose. One person said, "The complaints procedure is available if you want to use it but personally I just speak with the staff if I have a problem." Another said, "I have read the complaints procedure but never had the need to use it, minor niggles are generally sorted out very quickly by the manager which leads me to believe bigger issues would also be taken seriously and resolved."

Is the service well-led?

Our findings

At the last inspection we found the registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the service provided. For example, the majority of policies and procedures including the recruitment and selection procedure and medicines policy had not been reviewed for a number of years. We therefore could not be sure they complied with current legislation and good practice guidelines.

On this inspection we found significant improvements had been made and all the policies and procedures in place had been update and were fit for purpose. We also found the quality assurance monitoring system designed to continually assess, monitor and improve the service was more robust than at the last inspection. For example, we saw documentary evidence to show the registered manager and managing director undertook a range of meaningful audits which included care plan audits, medication audits, infection control audits and staff training and supervision audits.

We looked at the most recent medicines audits which we found to reflect our own findings on the day of inspection. We saw the manager conducted random sample audits of care plans to ensure completeness of daily records and review processes. Outcomes of all audits were recorded on an action sheet which recorded the shortfall along with the action to be taken. The records also showed who had responsibility for action and a date for completion.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

We found the registered manager or managing director had notified the Care Quality Commission [CQC] of all significant events which have occurred in line with their legal responsibilities and maintained contact less formally regarding their improvements to the service and the environment. The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns.

On the day of inspection the registered manager was a visible presence throughout the home and visitors spoke positively about the way the home was managed and how approachable the registered manager was. One relative said, "From the minute I set foot in the building before my [relative] arrived, I knew this was the right place". They also said, "We arrived unannounced to be met with such warmth and understanding."

The staff we spoke with told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. Staff told us they felt well supported by the registered manager and there were clear lines of communication and accountability within the home. One staff member said "We are a good team, we all work together well and [registered manager] is very good I can talk to them no problem at all."

The records we looked at demonstrated that staff had opportunities to air their views and opinions of the service through regular staff meetings. We also saw daily handovers took place to ensure all staff were kept up to date with people's changing needs. The staff we spoke with told us staff meetings were used as a way of improving the service. One staff member said, "I think the meetings are really useful. We sit and discuss things and I feel our views and opinions are valued by the manager." We found staff had a good insight into the provider's visions and values for the service including ensuring people received person centred care.

The registered manager told us as part of the quality assurance monitoring process the service sent out annual survey questionnaires to family and friends of people who used the service to seek their views and opinions of the care and support they received. The registered manager confirmed the information provided was collated and an action plan formulated to address any concerns or suggestions made.

However, information provided by the managing director showed the service had received a poor response for the last family and friend survey carried out in May 2016 and of the 22 questionnaires sent out only 3 were returned. The managing director confirmed that while this was disappointing they had on-going discussions with relatives throughout the year and since the last inspection had started to send out monthly newsletters to keep them informed of any changes which might impact on service delivery.

Throughout the inspection we found the managing director and registered manager were open and honest in their approach to the inspection process and where areas of possible improvements were identified took immediate action to improve the service.