Hatchmoor Nursing Home Limited

Hatchmoor Nursing Home

Inspection report

Hatchmoor Common Lane
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Date of inspection visit:
18 September 2017
20 September 2017

Date of publication:
15 November 2017

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

Hatchmoor Nursing Home is registered to provide accommodation for 64 people who require nursing and personal care. People reside over two floors, split into eight named units. The ground floor units are specifically for people living with dementia. People with nursing care needs were accommodated on the first floor. There were 57 people using the service at the time of this inspection.

This was a comprehensive inspection carried out on 18 and 20 September 2017. It was unannounced on the first day and announced on the second. At the last inspection in January 2015 the service was rated Good in all five domains. At this inspection we found the service remained Good.

Why the service is rated Good.

People who used the service were safe as the provider managed the risks to their safety and provided staff with training and support to recognise and act on any potential abuse. Comments from people using the service included, "I have safe care and like being here" and "Very safe here. No problem." People were supported with sufficient numbers of staff and felt their needs were met. Recruitment procedures had been followed to reduce the risks of employing staff unsuitable for the role. Medicines were managed safely however we have made a recommendation to ensure best practice.

Staff received appropriate training for their roles, and had support with supervision from the management team. People's right to make decisions about their care was respected and those people, who lacked capacity to make their own decisions, had been appropriately supported under the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy diet and fluid intake and staff were aware of peoples' dietary needs and preferences. People had access to health professionals to promote their health and well-being.

People were treated with dignity and respect by staff who demonstrated a caring, kind and compassionate approach. Staff understood the needs of people and people and their relatives were involved in the planning of care and support. A variety of opportunities were provided for people to enable them to enjoy meaningful social interaction and reduce potential risks of social isolation.

The service had an open and inclusive culture and people, their relatives and staff were positive about the way it was managed. The provider and registered manager had established quality assurance systems and regular audits were being completed. Issues identified were addressed in a timely manner. People's feedback was sought in order to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Hatchmoor Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out on 18 and 20 September 2017. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector, a specialist advisor in nursing and two experts by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced completed by one adult social care inspectors and two medicines inspectors.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return. 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 15 people who lived at the service and seven visitors. We also spoke with the registered manager, the company representative, the deputy manager, three registered nurses, 10 care staff, the activities co-ordinator, the chef, the maintenance person and the administrator. Following the inspection we requested feedback from seven health and social care professionals. We received feedback from three professionals. We looked at records relating to the management of the service including six people's care plans and associated records including medicines administration records. We looked at four staff personnel files including staff training and recruitment records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also inspected.

Good

Is the service safe?

Our findings

The service continued to provide safe care and support.

People and their relatives said the service was safe and people were confident in the staff. Comments included, "They don't put me at risk they get me out of bed as I can't do it for myself"; "I am safer here than I was at home, there is always someone around" and "Oh yes I feel very safe here." Relatives said, "I'm confident that staff would act if there were any concerns"; "I think Mum feels safe and secure now she always has people around her…" and "I am sure she is safe and I have no qualms – they tell us if even the slightest thing – fall or anything. The staff are well trained - I don't know how they do it." Feedback from professionals confirmed they had no current concerns about people's safety.

On the first day of the inspection we found harmful chemicals were being stored in an unlocked sluice. We brought this to the attention of the management team and by the second day of the inspection new key pad locks were being fitted.

We checked arrangements for storing and managing people's medicines. A new electronic system had been introduced, to help staff administer people's medicines at the right time and to record when they had received them. We saw some people receiving their medicines at lunchtime, and these were given in a safe and caring way. There were policies in place to allow people to look after their own medicines if they wished, and it had been assessed as safe for them to do this.

Some people were prescribed medicines to be given 'when required' for example pain relief. There was some information available in people's care plans about these medicines, but they did not always specify the circumstances in which a dose would need to be given. We saw another care plan where it was not clear why someone's medicines were being crushed. It had been checked with the person's doctor, but the pharmacist had not been consulted as to how best to give the medicines safely. This was not in line with the home's medication policy.

Medicines were stored securely, and temperatures were monitored in the refrigerators for medicines which required cold-storage. However some temperatures in the downstairs refrigerator were recorded as being slightly lower or higher than the recommended range for several days in the current month. It was not clear if staff were resetting the thermometer on each occasion. The provider told us that they would take action to make sure this was checked out and the refrigerator adjusted if necessary. There were suitable arrangements for storing and recording any medicines requiring extra security. Arrangements were in place for staff to give some non-prescription medicines if needed, to make sure people could have relief from minor ailments and symptoms quickly. Medicines were disposed of safely and clear records were kept of medicines received and disposed of, so medicines could be easily audited and checked.

Staff explained how the electronic recording system could be audited and checked daily, so that if any issues occurred they could be followed up promptly. The supplying pharmacy visited to undertake external advisory audits, and staff told us that they would implement any suggested actions when the report was

received.

Separate records were kept of creams or other external items that were applied. However there were some gaps in records where it was not always recorded when people had these preparations applied.
We recommend the National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes March 2014 be followed.

There were appropriate numbers of staff to ensure that people's needs were met. Throughout the inspection staff were attentive and present in communal areas to ensure people's needs were attended to quickly. People confirmed staff were available when needed. One person said, "The staff do a good job. They never rush me…" Another said, "The staff are always around. That is reassuring…" Another said, "The staff are nice and there seems enough staff, they do a very good job". A relative explained "The staff do a magnificent job here. I can't praise them enough."

The registered manager reviewed people's needs and dependencies regular and explained staffing could be adjusted accordingly. For example, if a person required additional care and support at the end of life, additional staff were available. As a result of analysing incidents and accidents, the management team had identified the need for a member of staff to be allocated as 'social care support'. This aim of the role was to provide additional support for people who became restless and anxious in the late afternoon and evening. The registered manager said they had noticed a decrease in incident and altercations since the new role had been introduced. The usual staffing levels were two nurses and eight care staff on each floor. This provided a ratio of one staff member for four people. Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff, and maintenance staff to undertake cleaning, laundry and the preparation of meals. With the exception of one member of staff, staff said there were sufficient staff to meet people's needs. Comments included, "There are always enough staff, unless there is sickness…" and "The social care worker role does work. Incidents are down…" The provider explained absence was not a regular problem and they actively managed sickness absence and ensured back to work interviews were held to discuss issues with staff.

Staff had been safely recruited, with relevant checks carried out to ensure they did not pose an identified risk to people who used the service.

People who used the service were protected from risk of abuse and avoidable harm. Staff had received training about the protection of vulnerable adults to ensure they knew how to recognise and report incidents of potential abuse. Staff were confident that any concerns reported to the registered manager would be dealt with appropriately. Staff knew which organisations outside of the service to contact if they had any concerns. The registered manager was aware of their responsibility in relation to safeguarding. Where necessary alerts had been made to the local authority and notifications sent to CQC. One relative said, "I'm confident that the staff would act on any concerns."

Risks to people's personal health, wellbeing and safety had been assessed. Risk assessments were held within all of the care records we reviewed. These included risks related to falls, pressure damage; nutrition; behaviour; cognition; mobility and moving and handling. Risk assessments were designed to minimise the risk to people and provided staff with information about the actions to reduce any risk. For example, one person had a specific behaviour management plan which identified incidents which may act as a trigger. The support required from staff was recorded to help manage the any incidents and reduce the person's anxiety.

Appropriate checks were conducted to ensure the premises were well maintained. Contracts with suitably

qualified professionals were in place to monitor and service equipment such as the fire safety system and lifting equipment.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People told us, "The staff are very good and do a perfect job. You've got to say so when they do it well"; "They (staff) do such a good job – couldn't say anything against them." Relatives said, "The staff are well trained to support Mum's needs, to make it as much like home as possible without being told what to do" and "The staff seem to be well trained and know their jobs. I have full confidence in them…"

The provider had a training plan, which was varied and relevant to staff's roles and responsibilities. Training was delivered through face to face sessions, eLearning, observation and demonstration and was provided by both internal and external accredited trainers, as well as health and social care professionals. The training matrix showed that some core essential training was due to be up-dated, for example infection control and food hygiene. The provider's training plan showed sessions had been organised for October and November 2017 with an external trainer to ensure staff received refresher training as needed. Staff said they received appropriate training and support but said they would always welcome more training and displayed enthusiasm to learn. Registered nurses confirmed they received training and support to enable them to continue to practice safely. Comments included, "This is a good place to work. Good support and training" and "Good training opportunities here. The virtual dementia training was really good and gave me insight into what it's like…"

New staff were supported with induction training to ensure they worked safely with people. Staff received supervision, which enabled them to speak with their line manager about their work and training and receive feedback about their performance.

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. We checked whether the service was working within the principles of the MCA.

People's rights to make decisions and remain in control of their lives as much as possible were promoted by staff, who had received training in the MCA and demonstrated they understood the principles of the Act. People said their choices and wishes were respected by staff; they said they had choices about their care, daily routines, food and activities. Records showed staff sought consent prior to delivering care and support. Where people lacked capacity, their power of attorney or next of kin were involved in making decisions in their best interest. We saw that best interest decisions were made in accordance with the Act. For example, the use of bed rails which could be restrictive to people's movements.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for

DoLS appropriately to the supervisory body when necessary and was awaiting confirmation.

People's health needs had been assessed and were being monitored. People had access to a variety of healthcare services and professionals according to their specific needs. For example, people attended hospital appointments when needed and they had seen the dentist; chiropodist; specialist nurses and speech and language therapists (SALT). Speech and language therapists provide treatment and support for people who have difficulties with communication, or with eating, drinking and swallowing. Where recommendations had been made, these were incorporated into care records and staff followed instructions. For example, where people were at risk of choking, they received the correct texture of food to reduce that risk. One person said, "If I am unwell I can ask to see the nurse who will if needed arrange for the doctor to call".

Relatives were confident their family member's health needs were well managed. Comments included, "They always let us know and contact the family if they need to change medicines or even if they are mildly ill with a tummy bug or something" and "...they tell us if even the slightest thing – fall or anything. The staff are well trained - I don't know how they do it." Professionals spoken with did not have any current concerns about people's health needs. They confirmed referrals to them were made in a timely way and staff acted on their recommendations. One said, "They (staff) are very amenable to our recommendations. They are recognising and managing risks…" Another told us, "The home do ring or email on a fairly regular basis, and would seem to be alerting us to relevant concerns in a timely manner. The information they give is relevant and follow up calls, emails would suggest they are following advice appropriately."

People's nutritional and hydration needs were appropriately supported and they were encouraged to maintain a healthy and balanced diet. People's dietary preferences and needs were known to staff and the chef and food was cooked freshly every day. A cooked breakfast was offered each day and several people said how much they enjoyed this. People were positive about the variety and quality of the food provided. Comments included, "I find the food here to be very good, there is more than I can eat and we get offered a choice"; "The food is excellent…plenty to eat and we get three or four choices" and "There is always plenty, and yes if it's a hot meal it is served hot". A relative said, "The staff will go out of their way to find her something she likes to eat." People's weights were monitored regularly and any weight loss was addressed by using fortified calorific foods and supplements. Some people had food and fluid charts. These had not always been completed with full details of what the individual had to eat or drink to ensure they were receiving sufficient diet and fluids. Staff explained this was a recording issue. The registered manager was to review the diet and fluid charts to reassess if they were needed.

Good

Is the service caring?

Our findings

People continued to be supported by staff that were caring, compassionate and kind.

People said they were well cared for. Comments included, "It's very nice here…The way they look after me, I have nobody else to look after me"; "Everything is excellent, I get on with all the girls" and "I'm very happy here, very relaxed." Relatives were happy with the approach of staff and described a staff team who knew people well and provided caring, individual support for people. Comments included, "We looked at a number of services. It was the atmosphere here and the staff, the manager and (provider). It felt welcoming…"; "It's the best thing, knowing she's safe and cared for" and "I'm only too thankful he's being looked after well, we hear such awful things in other places. Here it's very good care – I couldn't do it at home."

The service provided a warm, friendly and welcoming atmosphere. Staff were attentive and they often anticipated people's needs. For example, one person became anxious and restless and tried to open the fire exit door. A member of staff immediately went to them and engaged and reassured them. They took the person by the hand and went for a walk, chatting as they went. The person relaxed and went happily with the staff member. One person said, "If you ring your call bell help comes quickly". Some people chose to sit in different areas of the building, not just in their room or the communal areas. Staff ensured they had everything they needed and always acknowledged them as they went about their work. For example, saying "How are you…" and "Can I get you anything…" One person pointed to a member of staff and told us, "That's my number one girl!" A relative said, "I think the main aim of this place is 'Care'."

We observed caring interactions between people and staff. When people were settled into their chairs in the communal areas staff checked they were comfortable and ensured they had what they needed within reach, for example drinks. A relative said, "Mum is always smiling and laughing, so clearly she is happy." Staff were particularly attentive at mealtimes, encouraging and supporting people. There were many spillages of drinks but staff very calmly, without fuss and good humouredly cleared it up. People responded positively to the staff by smiling during interactions indicating they felt comfortable with them. One person had a birthday on the day of the inspection and there was a birthday cake for them, which everyone in the lounge enjoyed with afternoon tea. The staff made the occasion very jolly. Feedback to the service from relatives showed birthdays were celebrated regularly. For example one relative wrote, "Thank you all for all you did… you always go that extra mile." A staff member said, "The thing is, it's their home, and we respect that."

Privacy and dignity were generally respected. The service promoted the values of privacy and dignity by appointing dignity champions. Dignity champions had completed training in relation to dignity, respect and person centred care. They supported other staff to promote these values. However on one occasion we heard staff discussing the care needs of one person in the communal area, where their conversation could be overheard by others. We shared this feedback with the registered manager, who agreed to remind staff about confidentiality. People's personal care was well attended to and they looked smart and clean, which enhanced a sense of well-being. One relative said, "Mum can often get through three or four outfits in a day if necessary, but it's never a problem for the staff."

People were supported to be independent and had choices about their care. For example, people had the necessary equipment to aid their mobility and staff gently reminded them to use the equipment to keep them safe. Where necessary, referrals were made to physiotherapists to assess people's needs for appropriate equipment. A health professional said care staff were particularly knowledgeable about individuals. One person explained, "They (staff) know how to make you better. They are helping me to walk…I am very pleased with them (staff)." Information in people's care records contained details about their personal preferences to help staff support their wishes. People said they could choose how and where to spend their day. One person said, "It's fairly free and easy here. I can do as I please…" Another said, "I like to listen to my radio and watch TV in my room. Staff know that and yes respect my decision." People's private bedroom space was personalised with items such as furniture; pictures, photos and other personal things. This meant they had familiar and meaningful items around them. A relative told us, "You go into her room and you're in her home, not a home."

People were supported to maintain positive relationships with friends and family members. Relatives said they were made to feel welcome and they could visit at any time. One said, "I can visit whenever I want, there are no restrictions and I don't always come at the same time." Another commented, "It's like being part of one big family. The staff are wonderful."

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. Staff had undertaken specialist training in relation to end of life care at the local hospice, to be able to provide the best possible care for people. 'Just in case' medicines were requested when a person was identified as nearing the end of their life. These medicines were used to ameliorate people's symptoms and help them to remain pain free. We saw several thank you cards from relatives expressing their gratitude for care given to their love one, and for the support they received at a very difficult time.

Good

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People, where able, confirmed they were involved in making decisions about their lives and their care and support. They or family members were involved in the planning of their care. One person said, "They (staff) always ask me what I would like and help me when I need it. Things are pretty good here…" One relative said, "I'm fully involved in my husband's care plan." Another explained, "My sister has power of attorney and is involved in our mum's care plan."

Each person was assessed prior to moving into the service. The assessment aimed to include as much information as possible about the person's needs and life so that the service could be sure they could meet the person's needs and preferences. Care records contained a variety of information and a range of assessments and care plans about people's individual health care needs and their preferences, to help care staff support their individual wishes. For example, people's preferred routines, gender of staff and food preferences. One relative said, "Whatever a resident wants will be accommodated."

Care plans described people's care and support including personal care; health needs; dietary needs; mobility; safety and environmental issues, and emotional and behavioural issues. Care plans described the actions required in order to provide safe and effective care. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Daily 'flash meetings' were held by the registered manager and nurses to discuss changes, concerns, or complaints and plans were made about how to manage any emerging issues. For example, one person was unwell and declining to take their medicines so plans were made to contact the GP to discuss. Any important information was shared with the staff on duty. Staff had a very good understanding and knowledge of individual's needs and preferences. They spoke about people in a respectful way. A relative said, "They all know who mum is even though it is still early days. They are well-trained for her care." Another said, "I'm only too thankful he's being looked after well, we hear such awful things in other places. Here it's very good care. I couldn't do it at home."

People were supported to take part in a range of activities and there was a programme of activities and events planned. The service employed an enthusiastic activity co-ordinator along with two other activity workers. To assist with planning meaningful activities, life biographies and an activity profile had been completed for each person. These contained detailed information about the person's past life and interests and preferences. Diverse needs, abilities and preferences were taken into account. Activities were categorised as creative, (for example, flower arranging, arts and crafts), cultural, (talks on tradition, celebrating various special days), esteem needs, (pampering and massage), emotional needs, (pet visits and befriending) and intellectual needs, such as discussions, computer skills, word games and quizzes. Some people found group activities challenging, so activities staff spent the morning providing one to one activities with them. For example reading the daily sparkle, which was designed to stimulate and improve memory. It contained articles, quizzes, old news stories, gossip, puzzles, singalongs and entertainment, which staff used to engage people in conversation and activity. People were also encouraged and supported to take part in activities relevant to their past employment. For example, one person had assisted the

maintenance person to re-paint some corridors.

People said they enjoyed the activities. Comments included, "I love the knitting. They got me started and it passes the time." The person proudly showed us the gloves and socks they had knitted. Another person said, "Yes I get involved in activities, there are two ladies every day".

The provider had a clear complaints procedure which people and their relatives were aware of. One person said, "We get looked after very well. I've no complaints" Other comments included, "If I had any concerns I would go to the manager, I know who the manager is" and "Any concerns! I have never thought about it, if it happened I would talk to the manager". Relative were confident any concerns would be addressed. They told us, "No concerns – Mum loves it here. Never had a problem"; "Staff respond well to requests" and "I'm confident that the staff would act on any concerns."

We reviewed the complaint log; six complaints had been received since the last inspection. These mainly related to communication and some personal care issues. Complaints had been investigated and actions taken to resolve them appropriately. Records showed the provider had dealt with concerns and complaints in an open and candid way and apologised where necessary for any shortfalls.

The service had received 35 written compliments in the past 12 months. Comments included, "Thank you for taking care of (person) and for your kindness and excellent treatment"; "(Person) was cared for with great patience, kindness and understanding" and "I write with heartfelt thank you…"

Good

Is the service well-led?

Our findings

The service continued to be well-led.

There was a suitably qualified and experienced registered manager in post. They were present and assisted us throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found an open and inclusive culture within the service. The registered manager was visible and it was clear people using the service, their relatives and staff found her approachable and supportive. Comments from people included, "Do I think they're well led, I should think so!" and "We can always speak with the matron (registered manager). She is very nice and easy to speak with." Relatives told us, "I know there is very efficient communication. If you have a team working together, it can all come together" and "The manager is really approachable and happy to help personally…" Staff comments included, "There is a good level of support from the whole team, it's really friendly"; "I just love it here" and "I left and came back. It's really good here." People also knew the provider, who was available at the service during the week. One person said, "The owner is not a behind the scenes owner, he gets involved."

The service was well supported by the management structures in place. The registered manager was supported by a deputy manager and the provider. There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours. Staff were aware of their roles and responsibilities. The Provider Information Return (PIR) completed by the registered manager reflected the work that was being undertaken in the service. It was clear that the management team understood the areas that required development or improvement and what they wanted to do to achieve this.

There were systems in place to ensure the quality of care. The management team (registered manager, provider and deputy manager) had established a range of quality audits and reviewed and learnt from incidents/accidents, feedback, complaints and concerns to drive improvement. Findings from audits were clearly documented and actioned. Audits were undertaken that covered health and safety, care plans, medicines management and environmental issues. Where issues were identified for improvement they were dealt with. For example, an analysis of accidents and incidents had led to establishing the role of 'social care worker'. This had led to a decrease in accidents and incidents late in the afternoon and early evening, when some people became restless and anxious. Relatives explained, "It's the best thing, knowing she's safe and cared for" and "I feel he's very safe and I'm just thankful that there's such a nice home for him to go to."

There were systems in place for managing health and safety at the home. For example regular fire safety checks and tests had been carried out. Equipment, such as hoists, and heating and electrical systems had been serviced and maintained.

People and their relatives had the opportunity to 'have their say' about the service. Regular 'points of view' meetings were held and minutes showed a variety of topics were discussed. For example people asked that new staff be introduced to them and this was actioned. Other issues discussed were menus and activities and people were encouraged to make suggestions. Annual satisfaction surveys were used to obtain feedback about all aspects of the service. The last survey was completed in March 2017 and analysis of the feedback was generally positive but where comments were made about possible improvements, these had been followed up and addressed. For example, the storage of equipment in hallways was identified as an area to address. The provider responded by explaining that equipment was only left in corridors when in use. We did not find corridors cluttered with equipment during the inspection. Most positive areas reported were staff approach and kindness; the design and cleanliness of the environment; activities and food. Comments from surveys included, "Genuine care given and respect and dignity observed"; "Openness of management and staff and freedom for families to be involved" and "Attentive staff, good food and excellent comfort and cleanliness."

Regular meetings were held for staff. These took different formats; on a daily basis in addition to handovers, a 'flash meeting' of nursing staff and the registered manager enabled sharing of information of importance relating to the wellbeing of people and highlighted any important issues or appointments. In addition to this team meetings took place and minutes reflected staff had the opportunity to put forward their views and make suggestions. However, one member of staff felt staff's ideas and comments were not always taken on board by the management team. Other staff felt able to make suggestions and give their views. One member of staff said, "We can make suggestions at staff meetings or at our one to one meetings. I find the registered manager is willing to listen."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed us of significant events including significant incidents and safeguarding concerns. The most recent CQC rating was prominently displayed in the hallway area of the service and on the website.