

Regal Care Trading Ltd

Le Moors

Inspection report

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16 May 2017

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Le Moors on 15 and 16 May 2017. We gave the service 48 hours' notice of the inspection because it is a small service and we wanted to make sure the people living there and the manager would be in.

Le Moors provides accommodation and personal care for up to eight people, including people with a learning disability and people living with dementia. At the time of our inspection there were eight people living at the service.

Bedrooms at the service are located over two floors and a lift is available. There is an open plan lounge and dining room on the ground floor. Bedrooms do not have ensuite facilities. However, there are suitably equipped toilet and bathroom facilities on both floors.

At the time of our inspection the service had a registered manager who had been in post since 2012. 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.

During a previous inspection on 16 and 17 December 2015, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management, the safety of the premises, assessing and monitoring the quality of the service and supporting people to be involved in the community. We carried out a follow up inspection on 1 June 2016 and found that the provider had made the improvements necessary to meet legal requirements.

During this inspection we found that the provider was meeting all CQC regulations.

Relatives and staff told us they felt the people living at Le Moors received safe care and staffing levels were appropriate to meet people's needs.

We saw evidence that staff had been recruited safely and the staff we spoke with had a good understanding of how to safeguard vulnerable adults from abuse and what action to take if they suspected abuse was taking place.

There were appropriate policies and procedures in place for managing medicines safely and relatives were happy with the way people's medicines were managed. People were supported with their healthcare needs and were referred appropriately to a variety of healthcare services. Local healthcare professionals gave us positive feedback about the service and told us they did not have any concerns.

Staff told us they received an appropriate induction, effective training and regular supervision. They told us

communication between staff and with people living at the service and their relatives was good.

We observed that people's needs were responded to in a timely manner and saw evidence that their needs were reviewed regularly. We saw staff treating people with patience, kindness and affection. One person living at the service told us they liked the staff there. Relatives told us the staff who supported their family members were caring.

The service had taken appropriate action where people lacked the capacity to make decisions about their care. Relatives told us they were involved in decisions about their family member's care. They felt that staff respected people's privacy and dignity and encouraged them to be independent.

Relatives were happy with the food provided at the home and we observed people being supported appropriately with their meals. Risks relating to people's nutrition and hydration were assessed and managed appropriately.

A variety of activities were available at the service and people were encouraged to take part. However, the frequency of people being supported to visit the community and the variety of community trips available needed to be improved.

We saw evidence that the manager requested feedback about the service from people and their relatives. Questionnaires received from relatives demonstrated a high level of satisfaction with the service.

Relatives and staff felt the service was managed well and they felt able to raise any concerns. We observed staff and the registered manager communicating with people and each other in a polite and friendly manner.

The registered manager and regional manager completed a variety of audits which were effective in ensuring that appropriate levels of care and safety were achieved and maintained at the home.

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 registered manager completed appropriate checks when recruiting new staff.

Staff received safeguarding vulnerable adults from abuse training. They were aware of the action to take if they suspected abuse was taking place.

Staffing levels at the service were appropriate to meet people's needs.

People's medicines were managed safely. There were appropriate policies and procedures in place and medicines administration records were completed accurately by staff.

Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and effective training. Relatives told us staff were able to meet their family members' needs.

People's mental capacity had been assessed and where appropriate relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority.

People were supported well with nutrition and hydration and their healthcare needs were met. People were referred to healthcare professionals when appropriate.

Is the service caring?

Good ●

The service was caring.

Staff treated people with patience and kindness. They communicated with people in a friendly and affectionate way.

Staff respected people's privacy and dignity and encouraged them to be independent.

People were supported by staff they knew and who were familiar with their needs.

Is the service responsive?

The service was not consistently responsive.

Care plans and risk assessments reflected people's individual needs and preferences and were reviewed regularly.

People were supported to take part in activities within the home. However, the frequency and variety of trips into the community needed to be improved.

The registered manager sought feedback about the service from people and their relatives. A high level of satisfaction with the service had been expressed.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Relatives felt that the service was well managed and the registered manager was approachable.

Staff felt well supported by the registered manager. The registered manager had an open door policy and staff felt able to contact her when they needed advice or support.

Regular audits were completed by the registered manager and the regional manager. The audits completed were effective in ensuring that appropriate levels of care and safety were maintained.

The home environment had been improved and further redecoration and development of the service was planned.

Good ●

Le Moors

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 was 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 15 and 16 May 2017 and was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed information we had received about Le Moors, including statutory notifications received from the service and concerns. We also reviewed previous inspection reports.

We contacted five health and social care agencies who were involved with the service for their comments, including a district nurse team, a social worker and a community nurse from the local learning disability team. We received responses from three of the agencies who provided positive feedback about the service. We also contacted Lancashire County Council contracts team for information, who advised that they did not have any concerns about the service.

During the inspection we spoke with one person who lived at Le Moors, two relatives, three support staff, the registered manager and the regional manager. We also spoke with the operations director for the service provider, who was present during the first day of the inspection. Following the inspection we contacted a further three relatives by telephone to gain feedback about the service. We observed staff providing care and support to people over the two days of the inspection and reviewed the care records of two people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

During a previous inspection on 16 and 17 December 2015, we found a breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management and the safety of the premises. At a follow up inspection on 1 June 2016 we found that the provider had made the improvements necessary to meet legal requirements. We did not change the rating from requires improvement at that time, as to do so requires consistent good practice over time.

Relatives told us their family members received safe care. One relative said, "[My relative] is always safe. Staff help them with their personal care and their meals". Another relative commented, "[My relative] is safe. There are always enough staff on duty at the home".

We looked at whether people's medicines were managed safely. Medicines were stored securely in a locked cupboard and there were appropriate processes in place to ensure medicines were ordered, administered and disposed of safely. The service used a monitored dosage system for most medicines. This is where the medicines for different times of the day were received from the pharmacy in dated and colour coded packs, which helped to avoid error. A medicines administration policy was available which included information relating to administration, storage, disposal, self-administration, PRN (as needed) medicines and consent.

We looked at the medicines administration records (MARs) for three people living at the service. The records provided clear information for staff, including dosage, descriptions of medicines and details of people's allergies. Staff had signed the MAR sheets to demonstrate that medication had been administered. An audit of medicines, including MARs, was completed monthly and included actions where improvements were needed. We noted that it was time consuming to calculate the amount of medicines that should be in stock for each person. We discussed this with the registered manager who acknowledged this and advised that she would introduce a clearer process.

Records showed that all staff who administered medicines had completed up to date medicines management training. The staff we spoke with confirmed they had received training and demonstrated an understanding of safe medicines administration. We saw evidence that staff competence to administer medicines safely had been assessed and staff confirmed this.

We observed a staff member administering medicines and saw that people were given time to take their medicines without being rushed. The staff member sought each person's consent and where they were reluctant, sensitively encouraged them to take their medicines. Relatives told us they were happy with how people's medicines were managed at the home.

We did not have any concerns about the safety of the premises during our inspection.

We looked at the recruitment records for three members of staff. The necessary checks had been completed for two of the staff, which included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to

help employers make safer recruitment decisions. However, we noted that only a standard DBS check had been completed for the third member of staff. We discussed this with the registered manager who had not noticed the error. She addressed the issue immediately by requesting the appropriate DBS checks and ensuring that the member of staff did not work unsupervised until the enhanced DBS check was received. The registered manager contacted us following the inspection to confirm that the check had been completed. These checks helped to ensure that new staff were suitable to support people living at the home.

Agency staff were not used at the service and the registered manager told us that any periods of annual leave or sickness were covered by other staff, by her or by the member of bank staff. This was confirmed by the staff we spoke with.

We looked at staffing arrangements at the service and found that there were adequate staff in place to meet the needs of the people living at the home. The staff and relatives we spoke with felt there was always enough staff on duty at the home to keep people safe. During our inspection, we observed that staff had time to spend with people and did not rush people when they supported them.

We looked at arrangements for safeguarding vulnerable adults from abuse and noted that 83% of staff had completed the relevant training. The staff we spoke with confirmed they had completed safeguarding training and understood how to recognise abuse. They were clear about the action to take if they suspected abuse was taking place. There was a safeguarding vulnerable adults policy in place which included the contact details for the local safeguarding authority. The contact details were also displayed on the notice board in the manager's office.

We looked at how risks to the health and wellbeing of people living at the service were managed. We found that there were detailed risk assessments in place for each person, including those relating to falls, pain, challenging behaviour, eating and drinking, moving and handling and continence. Each assessment included information for staff about the nature of the risk and how it should be managed. Risk assessments were reviewed regularly.

We saw that records were kept in relation to accidents that had taken place at the service, including falls. We noted that one accident had been documented in the last 12 months and the registered manager confirmed that there had been no other accidents at the home. The record was detailed and had been signed by the registered manager. This helped to ensure that records were completed accurately and appropriate action was taken.

We noted that all staff had completed moving and handling training in the previous 12 months. This helped to ensure that staff remained up to date with safe practices.

We looked at the arrangements for keeping the service clean. Staff explained that both day staff and night staff were responsible for carrying out domestic duties. We found the home to be clean and odour free. The relatives and staff we spoke with were happy with levels of hygiene at the home. One relative told us, "The home is always clean when I visit".

An Infection control policy was in place and included guidance relating to effective handwashing, clinical waste, the disposal of sharps (needles and syringes), laundry and staff training. Liquid soap and paper towels were available in bathrooms and pedal bins had been provided. This ensured that staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Records showed that 75% of staff had completed infection control training in the previous 12 months. The registered

manager informed us that the remaining staff had been asked to complete their training as soon as possible.

We noted that the Food Standards Agency had awarded the service a food hygiene rating of 5 (Very good) in November 2016. This meant that processes were in place to ensure that people's meals were prepared safely.

Records showed that all staff had completed fire safety training. The fire alarm was checked weekly and fire equipment was checked monthly. A fire risk assessment had been completed earlier in the year and we saw evidence that actions had been had been completed. There were personal emergency evacuation plans in place for each person living at the home. This helped to ensure that people living at the service would be kept safe in an emergency.

Portable appliances were tested yearly and gas and electrical systems and appliances were serviced and tested regularly. Environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Is the service effective?

Our findings

During a previous inspection on 16 and 17 December 2015, we found that there was a lack of effective handovers between staff at shift changes. At a follow up inspection on 1 June 2016 we found that staff communication had improved. We did not change the rating from requires improvement at that time, as to do so requires consistent good practice over time

The relatives we spoke with were very happy with the care being provided to their family members and felt that staff at the service were able to meet people's needs. They told us, "The staff are very good. They have looked after [my relative] fantastically well" and "The staff seem skilled. They understand [my relative's] needs well". One relative commented, "I think [my relative] would have died had they not been here". One person living at the service told us, "I like my room. The food is good".

Records showed that all staff had completed an induction when they joined the service, which included training in safeguarding vulnerable adults, moving and handling and health and safety. The staff we spoke with told us that they had received a thorough induction and had been given the opportunity to observe experienced staff before becoming responsible for supporting people. This helped to ensure that staff provided safe care and were able to meet people's needs.

Staff told us that they received regular supervision with the registered manager and this was confirmed by the records we reviewed. We noted that the issues address included staff performance and service updates. Staff told us they felt able to raise any concerns with the registered manager during supervision. Records showed that staff received yearly appraisals of their performance.

There was a training plan in place which showed when training that had been completed by staff and detailed when further training was scheduled or due. In addition to the training mentioned previously, most staff had completed recent training in food hygiene, nutrition and first aid. 75% of staff at the service had achieved NVQ (National Vocational Qualification) level two or above and the registered manager had achieved NVQ level five. This helped to ensure that staff had the knowledge and skills to provide safe, effective care.

Staff told us that a verbal and written handover took place between the staff prior to each shift changing. We reviewed handover records and noted they included information about people's mood, pain, food and fluids, sleep, activities, any visits by healthcare professionals and relatives and any changes to their medication. Any concerns identified were also clearly recorded. We noted that some past handover records were brief and saw evidence that this had been addressed during a team meeting, following which the content of handover records had improved. Staff told us that handovers had improved at the service and communication between staff was good. One staff member commented, "Handovers have really improved. Important stuff is always handed over now". This helped to ensure that all staff were aware of any changes in people's risks or needs.

An electronic system for recording the care provided at the service had been implemented. Each member of

staff on duty had an electronic device which they used to record the care and support provided to people throughout each day. Care plans and risk assessments were also recorded on the system. This meant that people's care documentation was available to all staff at all times.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS)

Records showed that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. A DoLS authorisation was in place in respect of one person living at the service. We saw evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. The relatives we spoke with confirmed this to be the case. Staff understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions. Staff also acknowledged that people had the right to refuse care and told us they encouraged people, for example when they were reluctant to receive support with personal care.

We observed staff asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with their meals. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes. This helped to ensure that staff supported people in a way which reflected people's wishes.

We noted that one person had a DNACPR (do not attempt cardiopulmonary resuscitation) decision recorded in their care file, which had been made by a hospital consultant and discussed with the person's relatives. This helped to ensure that appropriate action was taken in a medical emergency.

We looked at how people living at the service were supported with eating and drinking. We found that people were offered a choice at meal times. We observed meals during our visits and saw that people were supported and encouraged sensitively. The atmosphere was relaxed during meal times and staff engaged with the people they supported and each other. People could choose to eat in their rooms if they preferred to. One person living at the home told us they liked the food and relatives told us they were happy with the meals provided at the home.

Care records included information about people's dietary preferences and the support that they needed at mealtimes. People's weight was recorded regularly and risks relating to nutrition and hydration had been assessed. Information about how risks should be managed was available. Information was also available about whether people could be supported by staff in the kitchen to prepare meals or drinks and what support was needed. We noted that people were offered drinks regularly throughout the day and one person living at the service regularly made their own hot drinks, observed by staff.

We looked at how people living at the service were supported with their healthcare needs. Care plans and risk assessments included detailed information about people's health and how their needs should be met.

We saw evidence of referrals to a variety of healthcare agencies including GPs and district nurses. Healthcare appointments and visits were documented. This helped to ensure that people were supported appropriately with their health. The relatives we spoke with felt people's health needs were met and told us they were kept up to date with information about healthcare appointments and any changes in people's health.

We received positive feedback from three community health and social care professionals who visited the home regularly. One professional told us, "We have no concerns about the care provided at the home. Staff always follow any instructions or advice that we give them". Another commented, "I have no concerns about the service. Staff are helpful, pleasant and approachable when I visit. People are well looked after and look happy".

Is the service caring?

Our findings

One person living at the service told us they liked the staff who supported them. Relatives told us they felt that staff at the service were caring. One relative told us, "The staff are very caring. They've looked after [my relative] very well". Another relative commented, "The staff actually care. It's not just a job to them".

We observed staff supporting people at various times and in various places throughout the home. Staff communicated with people in a kind and caring way and were patient and respectful towards them. The atmosphere in the home was relaxed and staff interacted with the people living there in a friendly way. We observed staff and the registered manager being affectionate and tactile with people. We saw that the people living at the service were relaxed around the staff who supported them. We observed people smiling, laughing and being playful with staff. It was clear that staff knew the people living at the service well, in terms of their needs, risks, personalities and behaviours.

Staff respected people's dignity and privacy. They knocked on people's bedroom doors before entering and explained what they were doing when providing care or support, such as administering medicines. Staff ensured that doors were closed when people were being supported with personal care. Relatives told us they felt the dignity and privacy of their family members was respected by staff.

We noted that people were encouraged to maintain their independence. People were supported to develop and maintain life skills and completed household tasks such as hoovering and washing up when they were able to. Adapted crockery and cutlery was available at mealtimes to support people's independence.

The registered manager told us there were no restrictions on when friends and relatives could visit and the relatives we spoke with confirmed this to be the case.

During our visits we saw that people living at the home were encouraged and enabled by staff to make choices about their everyday lives. We observed staff discussing with people what they wanted at meal times and what activities they wanted to take part in. Staff were knowledgeable about the decisions people could make for themselves and the support they needed to help them make decisions. One person told us, "I can get up and go to bed when I want to". Communication aids were used to support effective communication with people.

Information about a local advocacy service was available. Advocacy services can be used if people do not have anyone to support them or if they want support and advice from someone other than staff, friends or family members. The registered manager told us that none of the people living at the service were using an advocacy service at the time of our inspection.

Is the service responsive?

Our findings

During a previous inspection on 16 and 17 December 2015, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to a lack of support for people to be involved in the community. We carried out a follow up inspection on 1 June 2016 and found that the provider had made the improvements necessary to meet legal requirements. However, we felt that further improvements were needed in relation to the variety of community trips available to people.

As part of this inspection we looked at the activities available to people living at the service. Records showed that people were supported daily to take part in a variety of activities in the home including dominoes, board games, ball games and arts and crafts. In addition people spent periods of time reading, listening to music and watching television. We looked at how people were supported to visit the community. We reviewed the records for the 28 days prior to our inspection and found that two people had been out three times, two people twice and two people once. Due to their complex needs, two people living at the service were unable to visit the community.

During our inspection three people were supported by staff to visit the community. One person went on a shopping trip to Manchester, one person visited a local stables and another person went on a walk to a local park. However, records showed that many previous trips into the community had involved people accompanying staff to local shops for food shopping and supplies. We discussed this with the registered manager and the regional manager who acknowledged that the frequency and variety of community outings needed to be improved, to ensure that people's social needs were being met. Shortly after our inspection the regional manager provided evidence of planned activities for the rest of May and June 2017 and agreed to provide monthly activities information to us for six months after the inspection, to demonstrate that people were being supported appropriately with their social needs.

The relatives we spoke with were satisfied with how people were supported with activities and accessing the community. The staff we spoke with told us that people living at the service took part in activities daily and went out regularly. Two staff felt that the activities in the home and the frequency and variety of trips into the community could be improved.

Relatives told us that their family members' needs were met at the home. One relative said, "The staff are good at communicating with [my relative]. The whole family is happy with [my relative's] care". Another relative commented, "The staff know people well, their likes and dislikes. Everything's tailored to each individual".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Relatives told us people's care was discussed with them and they were involved in people's care plans. This helped to ensure that staff were aware of how to meet people's needs.

The care plans and risk assessments we reviewed were detailed and individual to the person. They included information about what people were able to do, what they needed support with and how support should be

provided by staff. Information was available about people's likes and dislikes as well as their needs. Information about people's interests and hobbies was included and goals and aspirations were documented for each person. Care plans and risk assessments were completed by the person's key worker and were reviewed monthly.

During our inspection we observed staff providing support to people where and when they needed it. People seemed comfortable and relaxed in the home environment and could move around the home freely. People could choose whether they spent time in their room, the lounge or the dining area. One the first day of our inspection we noticed that little interaction took place between staff and one person who lived at the service. We discussed this with the registered manager who advised that this may have been due to staff members' nerves as a result of the inspection. We found a significant improvement on the second day of our inspection, when staff seemed more relaxed and comfortable and interacted with the person appropriately.

Staff were able to communicate effectively with the people living at the home. People were given the time they needed to make decisions and respond to questions. Communication aids were used where appropriate. When people were upset or confused staff reassured them sensitively. Interaction between staff and people living at the home was often light hearted and affectionate. It was clear from our observations that staff knew the people they were supporting well and were familiar with their needs and how best to support them.

A complaints and compliments policy was available and included timescales for investigation and providing a response. Contact details for the Local Government Ombudsman were included. We noted that no complaints had been recorded in the previous 12 months and the registered manager informed us that the service had not received any formal complaints. Relatives told us they had not raised any concerns or complained about the service. They told us they would contact the registered manager if they had any concerns.

We looked at how the service provider sought feedback about the care being provided at the home. We noted that where appropriate, people were asked for feedback about their care during their care plan reviews. The registered manager told us that satisfaction questionnaires were given to relatives every year to gain their feedback. We reviewed the results of the questionnaires issued in November 2016 and saw that five out of seven relatives had responded. We noted that a high level of satisfaction had been expressed about issues including promoting people's independence, meeting people's needs, involvement in care planning and activities at the service. Comments made included, "Fantastic. A wonderful, happy, caring home. {My relative} is always clean and cared for", "I am always made welcome, treated respectfully at all times. I feel involved. I am given time to discuss [my relative's] care", "We are totally satisfied and happy" and "I feel totally at ease knowing [my relative] is being not just looked after but cared for in a very loving way". No suggestions for improving the service had been made.

Is the service well-led?

Our findings

During a previous inspection on 16 and 17 December 2015, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to assessing and monitoring the quality of the service. We carried out a follow up inspection on 1 June 2016 and found that the provider had made the improvements necessary to meet legal requirements. We did not change the rating from requires improvement at that time, as to do so requires consistent good practice over time.

Relatives told us they felt the service was well managed and that the staff and the registered manager were approachable. They told us, "The manager keeps us updated if there are any changes. We've never had any concerns but we'd raise them with her if we did" and "The manager is spot on. She keeps on top of things".

The registered manager audited different aspects of the service regularly. This included checks on fire safety, cleanliness and infection control, the safety of the home environment, medicines management and care documentation. In addition, the regional manager completed regular audits of the service including infection control, medicines management and health and safety. We found that action plans were in place where shortfalls had been identified. We saw evidence that the audits being completed were effective in ensuring that appropriate standards of care and safety were being achieved and maintained at the home.

During our inspection we observed that the people living at the home approached the registered manager directly and she communicated with them in a friendly and affectionate way. We observed staff approaching the registered manager for advice or assistance and noted that she was supportive and respectful towards them. Staff told us they felt well supported by the registered manager and they thought the service was well managed. They told us, "The service is managed well. The manager's very approachable. I can go to her if I need to" and "The service is managed well by [manager's name]. She has an open door policy. I talk with her every day and can raise any concerns with her".

We saw evidence that staff meetings had taken place. The meetings were used to address issues relating to staff performance, any areas identified as needing improvement, training, policies, documentation and any updates and concerns about people living at the home. The staff we spoke with confirmed that staff meetings took place and told us they were able to raise any concerns with the registered manager.

A whistleblowing (reporting poor practice) policy was in place and staff told us they felt confident that the registered manager would take appropriate action if they raised concerns about the conduct of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that the standard of care provided at the service remained high.

The service had a business continuity plan in place which provided information about action to be taken if the service experienced disruption as a result of fire or the loss amenities such as gas or electricity or water. Alternative accommodation was included in the plan. This helped to ensure that people's needs were met if the service experienced difficulties that could cause disruption.

We saw that further redecoration had taken place since our last inspection, including new flooring

throughout the downstairs communal areas, new lounge chairs, a new shower in the upstairs bathroom and new curtains throughout the home. The registered manager gave us a copy of the service's refurbishment and development plan for the following three months which included the provision of raised garden beds and more garden furniture. In addition, holidays were to be arranged for people living at the home who were able to and wanted to go.

Our records showed that the service had submitted statutory notifications to the Commission, in line with the current regulations.