Runwood Homes Limited

Maun View

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 15 January 2018. The inspection was unannounced. Maun View is a care home providing accommodation and personal care for people who live at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Maun View accommodates up to 77 older people across four units over two floors. On the day of our inspection 54 people were using the service.

A registered manager was in post and they were available during the 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.
The risks to people's safety were reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Safe procedures for the management of people's medicines were in place. We identified some minor areas which the registered manager needed to address in relation to the cleanliness of the service, however staff had the knowledge and equipment to manage any infection control issues.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively. The service used nationally recognised tools to assess the needs of people who lived at the service

People lived in an environment which met their needs and they had access to information in formats which they understood. People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals to manage people's health and nutritional needs.

Staff knew how to support people to make decisions and ensure their rights were respected, working in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were cared for by staff who showed kindness and consideration of their needs and had knowledge of their preferences and views on their care. They were supported with respect by staff who maintained their privacy and dignity whilst encouraging and supporting their independency.

People received individualised care from staff who had the information they required to provide that care. People were supported to take part in a range of social activities and maintain relationships that were important to them. People were comfortable when raising concerns or complaints and felt issues raised were addressed to their satisfaction. People's wishes in relation to their end of life care were supported with care and empathy.

The service undertook a robust auditing process to maintain the quality of the service. The registered manager worked with people, relatives, staff and external professionals to provide an open and transparent service for the people who lived there.

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 safe was safe

People were protected from abuse because staff had the knowledge and training to recognise any issues of potential abuse. The service had processes in place to learn from incidents and issues to reduce re-occurrence

The risks to people's safety were assessed and monitored and measures put in place to reduce these risks.

Staff levels at the service met the needs of people who lived there, their medicines were managed safely and staff had the knowledge, skills and equipment to reduce the risks of infection.

Is the service effective?

Good

The service was effective
The service used nationally recognised tools to assess people's needs and people's cultural needs were recognised and supported.

People were supported by staff who received regular up to date training to assist them in their roles. People's nutritional and health care needs were well managed

People lived in a well maintained environment.

People made decisions in relation to their care and support. Where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring

People were supported by staff who knew them well and were kind and caring.

People's views on their care were supported by the staff who cared for them.

People were treated with respect and dignity and their privacy and independence was maintained.

Is the service responsive?

Good

The service was responsive

People received individualised care from staff who had a good knowledge of their needs

People were supported with a wide range of social activities and encouraged to pursue their hobbies.

People felt comfortable in raising any complaints or concerns and the service had systems in place to ensure complaints would be addressed when raised.

Where appropriate people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led

The service had a registered manager in place who was open and honest

The quality of peoples' care was maintained through clear auditing process.

Peoples' views and opinions were listened to and acted upon.

Maun View

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.

We inspected the service on 15 January 2018 and the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service. We received a provider Information return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us when writing the report.

During the visit we spoke with 11 people who used the service, two relatives, two care team managers, eight care staff, the administrator, the deputy, the registered manager and the regional manager. We also 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. We looked at all or part of the care records of six people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Good

Is the service safe?

Our findings

People were protected from potential abuse as the staff at the service had knowledge of the different types of abuse people could be exposed to and had the necessary skills and processes to mitigate the risks to people. One person said, "The atmosphere here makes me feel safe, they (staff) are never far away." Another person said, "I feel safe, the staff make me feel safe, they make it the way it is." One relative we spoke with told us they felt happy that when they left the service after visiting as they did so in the knowledge their relative was looked after. They said, "The staff really listen to my relative."

Information for people on how to report any safeguarding issues to external agencies was available on notice boards at the service. Staff we spoke with told us they received safeguarding training which highlighted what they should look out for and how they should deal with any incidents of concern. Staff told us they had the confidence in the registered manager to deal with any safeguarding issues they raised to them. Our records showed the registered manager had reported any safeguarding issues to us and had undertaken appropriate investigations and implemented actions to reduce the risks of reoccurrence of particular incidents. We saw they had worked closely with staff and relatives in relation to one incident, introducing measures to support staff, and discussing outcomes with relatives to show how lessons had been learnt.

The risks to people's safety were assessed and measures put in place to reduce these identified risks. Whilst we saw some of the care plans needed some updating to give more detailed information to staff, the staff we spoke with showed a good understanding as to what measures were in place to support the different people we discussed. Our discussions with the registered manager highlighted that they, their deputy and the care team leaders were working their way through the care plans to improve the information for staff. We saw evidence of how the care plans and risk assessments had been improved for staff with the updated risk assessments showing clear guidance for staff on how to manage particular risks. One member of staff told us they felt people were safe at the service as the staff knew people's needs well and the necessary equipment was identified for people to support them. Where people had been identified as at risk of reduced mobility, staff were consistent about the support people required. People had aids to support them when walking and staff had the means to monitor people when they had concerns the person may be at risk of falls. For example, sensor mats to alert staff to particular people's movements.

Where people were at risk of skin damage they had the necessary aids to reduce the risk of pressure sores. One person who was nursed in bed had pressure relieving equipment in place that was correctly set for that person and they told us staff repositioned them regularly. We saw the documentation showing the person's repositioning regime had been completed and staff we spoke with were aware of how often they needed to reposition and check the person's skin integrity.

People were protected against the risks of fire as the service had complied with fire regulations for the service. All the staff we spoke with understood their role should the fire alarm be activated so people were supported. Each person had a Personal Emergency Evacuation Profile (PEEP) in place which showed the level of support they would need should they need to be evacuated from the service.

When we last visited the service people told us at times there was not enough staff to support them. On this visit people told us there had been improvements and there were enough staff to support them. One person said, "I have to stay in bed at the moment, but if I need to change my position or need a drink I just press my buzzer and they (staff) come and help me straightaway." Another person told us as soon as they asked for something, staff sorted it out for them and they did not have to wait for assistance.

Staff we spoke with told us they felt the staffing levels met the needs of people in the service. One staff member told us there had been improvements since the new registered manager had come into post. Another staff member we spoke with told us the staff numbers at present, "do work". They told us the registered manager adjusted the levels to meet the needs of people. When people came into the service for respite care the registered manager looked at whether staff numbers needed to be increased. They told us they used the company's dependency tool to allocate staff hours so people were well supported.

The registered manager told us there was a low staff turnover and if there was short notice sickness staff were often willing to cover extra shifts so people received the care they needed. The registered manager and deputy manager also came and supported staff if they were unable to cover shifts with care staff. One member of staff said, "We all work as a team and that's how it should be."

We viewed staff rosters and saw the planned numbers of staff were achieved for the shifts rostered. We saw the numbers of staff were adjusted when the service admitted people for respite care. The registered manager told us they listened to staff when they told them they were struggling. They told us they made sure staff got the support they needed to provide people with the care they needed.

Safe recruitment processes were in place that ensured people were protected from unsuitable staff working at the home. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role.

People received their medicine safely and in the way they were prescribed. One person said, "I take tablets morning and night and they (staff) always bring them on time." Another person told us they took medicine for a health condition and staff, "keep an eye on me for that," they told us staff brought them their medicine on time, "Without fail." A relative we spoke with told us that sometimes their relation would refuse their medicines, but staff worked with the person to manage this. They told us the person received their medicines as staff went back at different times to prompt and encourage them.

Staff who administered medicines received training in safe handling of medicines and were aware of the importance of administering medicines safely. One member of staff told us that in addition to their training they were regularly assessed by the deputy manager. They felt this was useful as this monitoring of their practice helped them recognise any issues of concern and get the right support to prevent mistakes.

Our observations of staff practice showed they administered medicines safely and supported people appropriately. For example, when supporting one person the staff member reminded the person to chew the tablet they were given. We saw when people required medicines at particular times these times were noted on of the Medicine Administration Records (MAR). Processes were also in place to support people who received some medicines on an 'as needed' basis. 'As needed' medicines are only used when needed for a specific situation, such as constipation, or pain. There were regular medicine audits undertaken to ensure any discrepancies or issues were identified to ensure safe practices were maintained.

People we spoke with felt the service was clean and one person said, "My room is kept lovely and clean, they

(staff) clean it every day and regularly change my sheets." Whilst we saw the service was clean and the housekeeping staff had cleaning schedules in place, there were one or two pieces of equipment that had visible signs of dust on them. We discussed this with the registered manager who addressed the issue straight away and confirmed they had not put a clear process in to identify who was responsible for regular cleaning of some items. Following our inspection the registered manager sent us information on the system they had implemented to ensure the equipment was inspected and cleaned on a regular basis.

There were clear processes in place to protect people should there be an outbreak of infection at the service. The staff we spoke with were able to explain how they would work together to manage any outbreaks of infection. We saw the housekeeping team used appropriate colour coding for cleaning particular areas and all staff used the personal protective equipment (PPE) that was available throughout the service.

Measures had been put in place to review and feedback any areas of improvement on safeguarding issues. The registered manager also had processes in place to ensure staff learned from any incidents or issues through one to one meetings, staff meetings and handovers. Staff discussed how following a safeguarding incident the registered manager had identified the need to improve people's care plans. They and their deputy had worked with the care team leaders and developed an action plan to support the care team leaders with training and guidance so information in the plans was consistent. The staff we spoke with felt this showed how the registered manager was using feedback to improve practice.

Good

Is the service effective?

Our findings

People's needs were assessed using nationally recognised assessment tools to provide consistent support for people. Staff had been trained to use these assessment documents and when necessary the service worked with external health professionals to assist them to follow national guidelines in relation to people's care. The provider had a Dementia Strategic Plan in place that provided evidence based learning for staff to support people who were living with dementia. We saw evidence in staff behaviours to show this plan was embedded in staff training. The service did not have anyone using the service who required any extra support to gain access to information about their care.

People's cultural needs were managed so they were not discriminated against because of their beliefs and values. The registered manager was able to show how they had supported one person who lived at the service who did not celebrate some recognised religious events. The person had been supported with alternative options to ensure they were not isolated or discriminated against.

Staff also discussed one person who was living with dementia whose first language was not English. As the person's condition deteriorated they had increasingly used their first language to engage with staff. As a result staff had started to research particular words and phrases that helped them support the person when they reverted to their first language.

People spoke highly of the competency of the staff who supported them. One person said, "I need a lot of care, and the staff are very capable." They told us staff monitoring of the different aspects of their care needs was "excellent".

Staff told us they received training to support them to provide the care people needed. One member of staff told us they had been employed by the service for a few months and had been working in care for a number of years. They told us the registered manager had made them feel very welcome and gave them an induction into the service and checked their training was up to date. They had also shadowed other members of staff as they got to know people. The member of staff told us they were confident in their role as a result of their induction. Another member of staff told us they had all the training they needed. They told us as well as the mandatory training to support them in areas such as moving and handling, fire safety and health and safety they had also received training in dementia awareness and aspects of end of life care. They told us the registered manager had arranged for a funeral director to come and discuss their part in end of life care.

Our observations of staff practice supported the feedback from people and staff. Staff used moving and handling equipment safely, showed good knowledge of how to support people with their nutritional needs and supported people who lived with dementia with consideration that showed their knowledge of this disease. The registered manager and deputy manager managed staff training needs so they were up to date with current practice.

People were supported to eat and drink enough to maintain a balanced diet and people told us they

enjoyed the food at the service. One person told us the food was good and if there wasn't anything on the menu they liked they could request something else. The person also said, "If I need a cup of tea in the night I just ask." Another person told us they didn't drink as much as they should and staff were always encouraging them, they said, "They (staff) bring me a jug of fresh water to my room." A relative we spoke with told us their relation was not a big eater and staff worked to encourage the person to eat by giving them the things they knew the person enjoyed. The relative told us the staff also gave the person build up drinks to maintain a healthy weight.

Staff used their knowledge of people to offer the right support to assist them with their diet. During our visit we saw one person who refused to sit at the table and was refusing to eat. Staff put a small table in front of them saying, "You may change your mind." They put a meal in front of them and reminded the person it was their favourite. We observed after staff left the person they ate all of their meal. Staff also told us there were some people with short term memory loss and short concentration spans who did not want to sit for long periods in the dining room at meal times. The service had two dining rooms on each floor, so the staff used this effectively to support these people. Staff gave people a drink and one course of their meal and then if they got up and went for a walk staff would guide them towards the second dining area and offer them another course of the meal which they often ate.

People's weights were monitored regularly and if people were failing to maintain a healthy weight staff put in measures to address this. There were individual plans for people dependent on their needs and should they require it, appropriate referrals to relevant health professionals. Care team leaders worked with the cook so people's nutritional needs were up to date and we saw the kitchen staff talking with people at mealtimes to check if they enjoyed their meals.

People we spoke with told us they were able to see health professionals when they needed them. One person told us they had needed their G.P the previous week. They said, "There was no problem calling for help. They (staff) really do keep an eye on my health." A relative we spoke with told us staff always sought help from health professionals whatever the problem. They said, "They (staff) will call the G.P at any time if it is needed."

Staff we spoke with told us care team leaders listened to them when they raised any health issues people may have and referred people to the most appropriate health professional. One member of staff said, "We work together as a team and the care team leaders respond if we need a GP or district nurse." The member of staff gave an example of when recently they had raised concerns during the morning to a care team leader about one person. This was acted on quickly and the person's G.P had arrived by midday. This meant the person received timely treatment for their health issue.

The registered manager also told us the service was supported by a dedicated G.P surgery and the G.P visited once a week to see people staff had identified as needing attention. The registered manager and their team had regular handovers and discussions with the district nursing team, who treated people at the service. The service was also supported by a Primary Care Nurse from the local care commissioning Group (CCG) who visited twice a week and carried out a round with the Care Team Managers. They also had regular meetings with the registered and deputy Manager to continually improve working relations with the health professionals who supported people's health needs in the service.

People lived in a purpose built building, the layout allowed people to move freely around the service in a safe way. People were able to sit in different areas and when relatives visited there were a number of areas for them to sit and talk in private. The service had an enclosed garden and people told us this was used a lot when the weather permitted.

The service employed a maintenance person who undertook a regular maintenance programme at the service. They kept clear records of their audits and reported any issues to the registered manager.

People told us staff would obtain consent before providing care for them. One person said, "Yes staff always check I am happy before they do anything." Staff told us they would always check people were happy to receive care before they provided it.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005). The 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 spoke with one member of staff who gave an example of a person who when they arrived at the service expressed a wish to administer their own medicines. The member of staff discussed how the person was supported to do this. They told us a mental capacity assessment had been undertaken that established the person had the capacity to make the decision and self-medicate. The member of staff felt the use of the MCA process supported the person's independence and helped staff provide care in the least restrictive way for this person.

People can only be deprived of their liberty to receive treatment and care 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw some applications had been made some time ago by the previous manager and the registered manager had re-evaluated and followed up these applications for people.

Good

Is the service caring?

Our findings

People told us they were treated with care and kindness by the staff who worked at the service. One person told us they had never come across staff like them and said, "The atmosphere makes a big difference (to me), and my relative has said they have seen a big change in me already. My relative is content because I am content." Another person told us, "I really love it here. Very nice staff here." Relatives we spoke with also told us staff were kind and caring. One relative said, "People seem happy in the home. The carers are brilliant and the staff make relatives feel welcome." The relative went on to say they were offered drinks and snacks when they visited and reiterated they always felt welcome at the service.

Staff we spoke with were proud of the caring attitude at the service. One member of staff said, "This is home from home – we have to make that way." They went on to say, "The residents become friends, we bond and connect with them." Another member of staff said, "I'd trust my own family to come and live here. The staff are so caring."

During our visit we saw a number of episodes of care that supported the comments made. For example, when one person was distressed and upset, a staff member sat with them spending time to give reassurance and listened to the person. They were joined by another staff member who sat chatting with the person until they became calm and they made the person laugh whilst supporting them to the dining room for their meal.

As we passed lounges we saw staff supplying people with hot drinks and chatting to people, one person was having their nails filed. On one occasion whilst one staff member was sat talking with us they had also been watching one person who lived with dementia becoming restless. They got up and asked the person if they would like to fold some napkins for the next meal. The person smiled and then sat contently occupied and the member of staff explained the person enjoyed these types of activities and they reduced their restlessness.

People told us they had been given the opportunity to have a say in the way they were cared for and their views and opinions were considered in planning their care. One person said, "When I needed to come here I was assessed by the manager and as soon as I came in they asked me lots of questions about my needs and what I like." A relative we spoke with told us they had been involved in their loved one's care planning and staff continued to involved them in their relation's care. The relative felt staff worked hard to support their relative but also encouraged their independence.

People were provided with information about advocacy services available to them. Advocates support people who are unable to speak up for themselves, although no one at the service was using these services at present the registered manager was aware of how to support people access these services.

People were treated with dignity and respect. One person told us, "Things are important to me such as protecting my dignity." They went on to say staff always covered them when they assisted them with their personal care. The person was able to give us an example of how they felt valued by staff. They told us the

registered manager had purchased a special device to help the person wash their hair whilst in bed, they said, "Things like that make such a difference."

Staff knew the people they cared for well and spoke with people in the way the person wanted them to. One member of staff said, "You find out what people like. Some people like a bit of banter to encourage them. Others don't, they would be offended." Another member of staff told us they were careful to manage people's feelings and treat them with respect. We saw staff managing aspects of people's care with care and respect. For example, when staff supported people with their meals, they talked of assisting people to eat and they assisted so people were able to maintain their independence as much as possible. One member of staff said, "We work with people to do what they want and let people do as much for themselves, because if you encourage people to do small things they sometimes do more." They went on to say that this helped increase the person's independence.

Good

Is the service responsive?

Our findings

People received personalised care from staff who knew their needs and preferences. One person told us they liked certain things such as having a bath on a certain day of the week and having their hair dressed regularly. The person said, "Staff support me with that and make sure my wishes are met and that makes me feel pampered."

One relative we spoke with told us staff who cared for their relation had a good knowledge of how to manage their care. They told us their family member could at times be challenging and staff knew how to manage the person's behaviours. This information was in the person's care plan and the relative told us the staff were experienced and knowledgeable about their relation's care and treated the person as an individual. The relative went on to say they had noticed the staff approached each person differently dependent on their needs.

People's care plans were in the process of being updated and we saw the care plans provided staff with good information in relation to people's care. Throughout our visit we discussed people's care with staff and found their knowledge of people's needs to be thorough. Staff told us the care team leaders kept them up to date through regular handovers. We saw there was a daily handover sheet that informed staff of changes and significant events in people's daily needs. This had information on any GP and nurse visits and outcomes, if a person had fallen and what observations were required and numbers of staff on duty. Staff told us they felt communication at the service was good and the staff group worked together to make sure information was shared

People told us they were able to take part in a range of social activities at the service such as quizzes, skittles, films, coffee mornings, baking and board games. One person told us staff were always looking for different things for people to do. One person we spoke with told us they stayed in their room and enjoyed watching the television and doing word puzzles. They told us staff regularly went in to chat and made sure they had everything they needed, and the activities coordinator also went in to spend time with them. Another person said, "There is always a lot going on and if I wanted to just play cards I can do. I didn't fancy the coffee morning today, but everyone said it was good when they came back." A further person told us there was always a lot going on, they said, "I just dip in and out of activities, depending on how I feel and that's fine." One relative we spoke with told us how their relation wasn't able to join in big activities, but that staff were always chatting to them. The relative told us, "[Name] likes to hear the darts and snooker and staff always make sure it's on (Television) for them."

Staff we spoke with told us they felt social activities at the service had improved as more people went out on trips as well as taking part in activities in the service. One member of staff told us "Everyone went out before Christmas. Some people went for meals or to the local pub for lunch. One taxi driver we use took people out for rides to see the lights which they enjoyed." The registered manager told us they had achieved these activities by buddying up each person at the service with a member of staff and arranged for the member of staff to take the person out. The registered manager hoped to build on this initiative to support people's individual interests and hobbies.

There was information on notice boards about the provider's complaints policy and people we spoke with told us they would be comfortable raising concerns and complaints to staff. Relatives we spoke with told us the registered manager would address any concerns they had. Staff we spoke with were aware of their role in dealing with complaints. One member of staff told us they always did what they could to address any concerns people or relatives brought to them. If they could not address the issue they would make sure the person in charge was aware so it could be addressed. Since being in post the registered manager told us they had no complaints but they were able to discuss how they would deal with any issues should they arise.

Where people had wished it, their end of life care was documented in their care plans and staff we spoke with told us they worked with people, their families and relevant health professionals to make sure people were supported to have a comfortable, dignified and pain-free death. Not only did staff have the knowledge of people's wishes prior to their death, they were also knowledgeable about the wishes of people following their death. The service had recently experienced a sudden death of a person who had lived at the service a number of years. The person had no family and the registered manager told us staff had assisted in arranging the person's funeral. The staff were passionate about the way the funeral should be conducted as they had over the years discussed the person's wishes with them. The staff arranged for the person's funeral procession to leave from the service and a large number of staff attended the person's funeral. The registered manager told us staff felt it was important to get things right for the person they had cared for over a number of years.

Good

Is the service well-led?

Our findings

The service had a registered manager in post on the day of our inspection. It is a condition of the service's registration to have a manager who is registered with the CQC. The registered manager was clear about their responsibilities, they had notified us of significant events in the service and the last CQC inspection rating was displayed in the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

People we spoke with told us the registered manager was approachable and a visible presence in the service. One person said, "The manager is kind and pleasant and comes to my room to see me and have a chat." Another person told us both the registered manager and deputy manager regularly spoke with them to check they were alright. They said, "They (registered manager and deputy) really do show concern." One relative we spoke with echoed these comments they said, "The manager and deputy are very approachable, and their door is always open, they are there for you. If there is a problem they sort it out and deal with it. They have helped me with some very difficult issues."

Staff told us the registered manager had a positive attitude and offered support and help when needed. One member of staff said, "If I had any concerns I could tell (registered manager)." Another member of staff echoed this comment and added "They (registered manager) would sort it out."

Staff were supported with regular supervisions where issues of concern and wellbeing could be discussed. The registered manager and deputy used these sessions to ensure staff were aware of their responsibilities in their roles and staff we spoke with told us the sessions were helpful as they were able to highlight any areas they felt they needed support or training. They told us they felt they were listened to.

The registered manager, deputy manager and maintenance person undertook regular audits to monitor the quality of the service. These included environmental audits, medicines, weight management, falls and care plans. In the short time the registered manager had been in post this had led to different initiatives to improve the quality of the service. For example, the ongoing work to improve people's care plans and the introduction of a nutrition champion which the registered manager introduced to lead on improving meal time experiences. The registered manager used the information from the audits undertaken to improve the care people received. This included information on falls to look at trends and how areas should be staffed and what monitoring for people should be in place.

The registered manager fedback information to staff through regular staff meetings and care team manager meetings and staff told us the meetings were informative and they felt they were able to discuss things openly. One member of staff told there had been a meeting a couple of weeks before out visit .They told us Deprivation of Liberty safeguards, whistle blowing and safeguarding issues had been discussed with the registered manager encouraging staff to share their knowledge.

People were given the opportunity to engage with the registered manager and give their opinions on the

way the service was run. One person we spoke with told us they had completed a questionnaire on the service the previous week that included questions about what they thought of the social activities available and the attitude of staff. The registered manager also held a regular weekly "manager's surgery" so people and their relatives could come to discuss things with them. There were also relatives and resident meetings where people could raise issues and raise ideas about how improvements could be made and a number of suggestion boxes were around the service. We saw that issues such as meal times and food choices had been discussed.

People at the service were able to engage with other community groups in the area as the registered manager had partnered up with another care home in the area and a local college encouraging greater social inclusion for people. There were regular coffee mornings and themed events and the college students came to the service and assisted with activities such as mealtimes. The registered manager told us this had been beneficial for everyone concerned and they hoped to build on these links in the future.