Strong Life Care Limited

Thornhill House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 June 2016. The inspection was unannounced. An unannounced inspection is where we visit the service without telling the registered persons we are visiting.

Thornhill House is a residential care home registered to accommodate 35 older people. At the time of the inspection 31 people were living at the home. The home is operated as two units, one for people requiring rehabilitation, with the intention of returning home and one for people who have personal care needs, some of whom are living with dementia.

The service had a registered manager. 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 and associated Regulations about how the service is run.

Feedback from people, relatives, staff and other stakeholders was that the manager provided effective leadership to the service and held regular meetings with people and staff to ensure all relevant stakeholders had an opportunity to express their opinions on the quality of the service provided and the running of the home.

Since 9 July 2013 Care Quality Commission inspectors have carried out five inspections and have found a history of breaches with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the inspection on 1 and 3 December 2015 a warning notice was issued for the regulation associated with good governance. At this inspection we checked and found that improvements had been made to meet the regulation. The service must now demonstrate they can consistently meet the regulation and demonstrate continuity in a well led service.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their family member. Staff had received safeguarding training and were confident the manager would act on any concerns.

We found staffing levels were sufficient to meet people's needs and the recruitment of staff included all the relevant information and documents required to ensure staff were suitable to work with vulnerable people.

Systems and processes were in place for the safe administration of medicines.

Systems were in place to manage risks to people and the service to ensure people, others and the environment were safe.

Staff received induction, training, supervision and appraisal relevant to their role and responsibilities.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lacked capacity to make important decisions themselves.

People were supported to receive adequate nutrition and hydration and meal times were a positive experience for people, with choices available.

Staff had developed positive relationships with people, providing not only the physical care people needed, but also considering the quality of life of each individual person.

Relatives told us staff were caring towards their relative and treated them with respect.

Assessments, care plans and risk assessments were in place and reviewed, which meant staff had information in order for them to respond to people's needs. Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

People were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

There were systems in place to assess and monitor the quality of service provided, to identify improvements needed and ensure improvement to achieve compliance with regulations and people's experience of 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?

Good

The service was safe.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Systems and processes were in place for the safe administration of medicines.

Staffing levels were sufficient to meet people's needs. Recruitment of staff included all the relevant information and documents required to ensure their suitability to work with vulnerable people.

Systems were in place to manage risks to individuals and the environment.

Is the service effective?

Good

The service was effective.

There was a system in place for staff to receive an induction, training, supervision and appraisal relevant to their role.

The principles of the Mental Capacity Act 2005 were followed when people did not have capacity to make decisions.

People were supported to receive adequate nutrition and hydration and meal times were a positive experience for people, with choices available.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people, providing

care that provided both the physical care people needed, but also considering the quality of life of each individual person.

Relatives told us staff were caring towards their family members and treated them with respect.

Is the service responsive?

Good

The service was responsive.

Assessments, care plans and risk assessments were in place and reviewed, which meant staff had information in order for them to respond to people's needs.

There were daily activities available to stimulate people and provide meaningful occupation when they were awake and alert.

People were confident in reporting concerns to the registered manager and provider and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was well led, but the service must now demonstrate they can consistently provide effective leadership and meet regulations.

Feedback from people, relatives, staff and other stakeholders was that the manager held regular meetings with them to provide them with an opportunity to express their opinions of the service provided.

There were systems in place to assess and monitor the quality of service provided, to identify improvements needed and ensure improvement to achieve compliance with regulations and people's experience of the service.

Thornhill House

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 inspection took place on 21 June 2016 and was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

The inspection was carried out by two adult social care inspectors.

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 our inspection visit we reviewed the information included in the PIR, together with other information we held about the home. This included the service's inspection history and current registration status, death notifications and other notifications the registered person is required to tell us about. We also reviewed information about safeguarding and whistleblowing we had received and other concerning information.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information was used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with ten people who used the service, two relatives, the registered manager, deputy manager and eight staff, including the housekeeper and cook. We looked round different areas of the home such as the communal areas and people's rooms. We looked at a range of records

including five people's care records, four people's medication administration records, two people's personal financial transaction records and three staff files. We also looked at a sample of the service's policies and procedures and audit documents, training and supervision matrices and service documents.

Good

Is the service safe?

Our findings

We checked and found systems were in place to protect people from harm and abuse.

All the people we spoke with were asked and told us that they felt safe in terms of physical safety, the kindness of staff, worries or problems, calling for help and receiving medicines.

We saw that people were relaxed in the company of staff and that there were friendly interactions between them.

There was information about safeguarding available in the entrance corridor for people, stakeholders and others to look at. This meant information was available of the action they might take if they felt someone was not safe.

The registered person had a system in place to respond to and record safeguarding vulnerable adults concerns. Notifications we received from the service about allegations of abuse, told us those systems were followed in practice.

Staff received training in safeguarding vulnerable adults. Staff were aware of how to raise any safeguarding concerns and they were confident the registered manager would take any concerns seriously and report them to the relevant bodies.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We found individual records were in place, with a running balance of the money people had available. Receipts of financial transactions were in place and were audited to minimise the risk of any errors and protect people from financial abuse.

We checked and found systems in place for managing risks to individuals and the service to ensure people and others were safe.

Service records and environment checks were provided to demonstrate safety checks were carried out. These included fixed electrical wiring and gas. Appropriate insurance cover was in place. A fire risk assessment had been carried out, together with all associated checks for fire maintenance, including fire drills. Systems were in place to monitor the temperature of hot water and radiators to protect people from harm. The registered manager told us a programme of improvement was in place to ensure all radiators had covers fitted, to mitigate the risk of someone injuring themselves on a hot radiator.

Individual risk assessments were in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. For example, people's behaviour that challenged and falls. We spoke with the registered manager about the electronic system, as we found there was no audit trail of when risks had been reviewed as the system recorded the last date the assessment was updated. Subsequent to the inspection the registered manager provided the handbook for the electronic

system and there was a process to be followed to ensure this could be done. The registered manager told us he was to arrange a training session for staff to improve their skills in this area, so that records are accurate with an audit trail of actions taken in response to people's care records.

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs. To do this we spoke with people, staff and looked at the service's calculation of staff hours and the staff rota.

People commented, "There are buttons all around to call for someone (staff). They will come promptly. When they are busy they will ask you if you can wait a minute" and "There is always plenty of staff about and they [staff] respond to calls when you use the call bell".

One person said, "You just ring the bell if you need something. You only have to ring the buzzer and they [staff] come. They only take two or three minutes. It depends if they are with somebody else". We saw for this person a call alarm was located next to them on the table. When we spoke with people some made reference to the call alarm's in their room.

The manager provided a matrix that identified the number of care hours they had calculated were required to meet people's care needs and how many staff this equated to. We checked a sample of five weeks rotas to verify this correlated with what the manager had identified was required and we found that it did.
The service also employed ancillary workers, such as housekeepers and cooks. An activity co-ordinator was also employed.

We observed during the inspection that staff were available to meet people's needs. We found that staff were visible in communal rooms and that call bells were not sounding for any length of time.

When we spoke with staff all but one member of staff felt there were sufficient staff on duty to support people.

We checked that the recruitment of staff was safe and that all the required information and documents were in place.

We reviewed the recruitment policy which had been updated since the last inspection. We found the policy incorporated the service obtaining information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked three staff members recruitment records. Information and documents required were in place, including identification, satisfactory evidence of previous employment involved with working with vulnerable adults or children and Disclosure and Barring Service check (DBS).

We looked at how people's medicines were managed so that they received them safely. To do this we looked at four people's medication administration records (MAR) and checked a sample of medicines to check they had been given to people as prescribed. We also observed staff administering medication and spoke with staff about medicines management.

People commented, "I have two batches [of medicines], some in the morning and some at night. Some of them are tiny and some of them are quite big" and "I have some pills in the morning and some at night".

Discussions with the registered manager, deputy manager and staff about medicine identified senior members of care staff were responsible for people's medicines and that they had received training and had

their competency to deal with medicines assessed.

We saw staff who administered medicines wearing red tabards to alert other staff to only interrupt if necessary so that they could concentrate on that task to minimise the risk of any errors occurring due to distraction. We saw staff did interrupt once and the activity worker carried out an exercise class at the time, which was a distraction for the staff member responsible for medicines and people being given their medicines. There were plenty of cups and water available on trolley, so that people were able to have a drink when they took their medicines. When staff left the medicines trolley, the trolley was locked, so other medicines in the trolley continued to be stored safely.

We saw staff followed good hygiene procedures, by not handling the medicines. When staff went to the person to administer their medicines, we saw they greeted the person and observed them while they took their medicines. Staff were patient and caring when administering medicines and this was done in a courteous and unobtrusive way. Staff were heard explaining to people what their medication was for and encouraging people to take their medicines.

We found people had a medication plan that identified how people liked to take their medicines, but there were omissions of some people's allergies and guidance for when staff might administer medicines for people that were prescribed 'as and when required'. The registered manager showed that their own medicine audit had identified this, but what we found confirmed this hadn't yet addressed the improvement required.

On people's medication administration records (MARs), we found medicines received into the home had been signed as received. This included controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with. This included the record of the administration of those medicines.

We had received a concern about the management of medicines, in terms of missing medicines from medicines to be returned to the pharmacy. We checked and found a system was in place for medicines that required returning to the pharmacy. The system was that two staff and the pharmacist signed the medicines that were being returned.

Good

Is the service effective?

Our findings

We checked and found that staff had the knowledge and skills to carry out their roles and responsibilities.

When we spoke with staff they told us the training they received provided them with the skills they needed to do their job. The registered manager provided a training matrix, the record by which training was monitored so that training updates could be delivered to maintain staff skills. The staff were provided with relevant training to their role which included, moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene, fire safety, Deprivation of Liberty Safeguards (DoLS), challenging behaviour and first aid.

The registered manager told us staff received regular supervision and an annual appraisal. The registered manager provided the record he used to monitor this and we sampled some of records of these to verify what had been recorded. Supervision is the name for the planned and recorded sessions between a staff member and their manager. It is an opportunity for staff to discuss their performance, training, well-being and raise any concerns they may have. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles.

When we spoke with staff they confirmed they received supervision and were given opportunities to discuss any concerns and share information. Staff we spoke with said the registered and deputy manager or more senior care staff were always approachable if they required some advice or needed to discuss something.

We checked and found that people consented to care and treatment in line with legislation and guidance.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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.

The registered manager told us six people had authorisations that deprived them of their liberty, with a further three awaiting a decision.

We did not see people having restrictions placed upon them that had not been authorised as part of the

MCA process.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs). An IMCA is a legal safeguard for the person that lacks capacity. Their role is to represent the views and beliefs of the person and present them to people who make decisions about the person, so that decisions are made in their best interests.

Staff confirmed that they had been provided with training in MCA and DoLS and by discussing examples were able to demonstrate they had an understanding of the principles of the MCA and DoLS.

We looked at five people's care plans. The assessments and care plans contained information to show that people had consented to the care and treatment provided.

We checked and found that people were supported to have sufficient amounts to eat and drink and maintain a balanced diet. To do this we viewed people's assessments and care plans, and observed the breakfast and lunch time meal in the dining room. We also spoke with people and their family members about their experiences.

People's nutritional needs had been assessed and identified during the care and support planning process.

The dining room was comfortable, homely, well used, clean and bright and had sufficient tables for everyone to be seated for meals, if they chose to do so. The room was large and airy and a pleasant. The menu was displayed in the main corridor to inform people of the options available that day, with a picture of the cook. There was also a list of meals suggested by people who used the service to be included in their summer menu. There were details of the meal times and a notice by the entrance door informing visitors that the service has protected meal times. The purpose of protected meal times is to allow people to eat their meals without unnecessary interuptions. There was also a pictorial menu on display in the dining room, which reflected the menu information in the reception area.

We saw meal times were very well organised, with staff following good hygiene practices. Care staff were available to support people to eat and the food that was served looked appetising, including food that had been blended because of people's health needs.

We saw there were clean table cloths with paper napkins and condiments on the tables. The chairs were comfortable. People who were friends were sitting together. There was a choice of main meal and dessert. Portions were adequate, neither large nor small. Some people ate everything on their plate and others left some. Juice, water, tea and coffee were served. The staff were very attentive and there were plenty on duty. They were very courteous to people.

During the morning we saw staff take round a tea trolley, asking people if they would like a drink or snack. Hot and cold drinks were available as were biscuits and fruit. We saw people were provided with tables for them to place their food and drink.

When we spoke with the cook they were aware of people's diets and preferences, and any specific information they needed to know, for example, the different amount of thickener that people required for their drinks and if people needed to avoid a particular food because of any medicines they were taking.

The cook was able to provide information about the choices people had made about their meal from the day before. She explained there was flexibility with the menu choice. For example, the day of the inspection

was warm so she was changing the menu to offer a salad.

We were told and observed that people were asked during the morning what meal they would like at lunch time.

Comments about the meal time experience and food included, "The food is excellent. There is a good variety. You can have big or little helpings", "We get a fair variety", "Food is reasonable", "The food is very good you can pick what you want. I have had some very good meals, very satisfying. They bring snacks round as well", "They always ask what I'd like to eat" and "It's very good, it's all good – you get a choice".

We checked and found that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Our discussions with people confirmed they saw a health professional if needed. For example, one person told us they were seeing a doctor that day, because staff felt they might have an infection. Another said, "The chiropodist is very good".

We saw care records contained details of visiting healthcare professionals that the person had seen and details of those visits. This meant staff involved professionals, so that people received intervention for their healthcare needs to support them to maintain good health and have access to relevant healthcare services.

Good

Is the service caring?

Our findings

We checked whether staff respected people and their privacy and dignity and how the service supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people and their family members there was a consensus of opinion that staff were kind and caring. Comments included, "They are really kind. I can't say enough about how good they are. They help us to mix with each other. Generally they are very good", "Staff are alright", "They are nice staff", "Couldn't be better [staff]", "Staff are very helpful, caring and very patient" and "Staff are brilliant, very caring".

In our discussions with people they confirmed staff knocked on their bedroom door, before entering and listened when they spoke with them.

We saw that staff knew the best ways to communicate with people. For example, staff knelt down beside people before speaking with them, so that people were more able to see and hear what was being said. For one person we saw staff interact with both the person and their bear. This made the person happy and responsive with staff.

Our discussions with people informed us people were encouraged where possible to maintain their independence.

We saw that staff approached people in a casual way, knowing people's names and having some shared history with them as well as knowing what their likes and dislikes were. People were relaxed in the company of staff and the relationship between them was friendly and open.

Interactions between staff and people were patient and caring in tone and language.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality.

We saw one occasion where a member of staff was carrying out an admission assessment in the main lounge area, which meant other people could overhear personal information, which compromised the person's privacy. We raised this with the registered manager and provider at feedback and discussed alternative ways of obtaining the information in private.

The majority of people we spoke with had support from family and friends and did not use any formal advocates, but there were some people that did. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. Advocacy information was available for people in the main corridor of the home.

Good

Is the service responsive?

Our findings

We checked that people received personalised care that was responsive to their needs.

People told us they were well cared for and that they felt staff were responsive to their needs. Comments included, "I don't have a bath every day but you can ask if you particularly want one", "Staff do their best for us, we all want to get back home", "I have a shower every other day. I can ask to have a shower and I enjoy having them", "[Family member] has improved since I last came to visit. They have their mischievous smile back. Everybody speaks to you when you come, it is very welcoming. I've no concerns. I'm so glad to see how [family member] has improved", "It's brilliant. It's the first home I've visited but it's very good. When [family member] has a shower they can get a bit funny, but staff know them really well and how to support them. I was surprised at how good the home is, I would recommend the home to other people. I've no concerns. [Family member] is safe and gets on really well with the manager. You can have a bit of a banter with him. I know they keep [family member's] wife informed if there are any changes" and "I have a shower twice a week, supported by staff. Staff put a towel under my feet to stop me slipping".

We saw a new person who had come to live at the service. They were welcomed at the door and introduced to people that already lived there. They immediately started to join in with an activity that was happening at the time. This demonstrated an inclusive atmosphere for people new to the service.

We saw the service provided information in the main corridor of information about Thornhill House, including a pictorial organisation chart and information about staff that are champions of a particular cause, such as, living with dementia, health and safety, infection control and dignity. There was also the service's statement of purpose and last inspection report.

There was other information for people and their families about accessing other services should they need to such as information from the Alzheimer's society about coping with memory loss and Healthwatch.

This meant there was information available for people and others to identify who they may contact if they needed to with any comments they had about the service, so that they would be responded to.

There was a weather board, with the day and date displayed to orientate people to the current day.

There was an activities board that identified to people forthcoming activities, but also of activities that had taken place, such as a Halloween party that had celebrated a person's 90th birthday and activities to celebrate Her Majesty's birthday.

We saw that when staff provided care to people, they did so in accordance with the person's plan of care. We saw staff provided guidance and encouragement to the people. For example, "A few steps this way – round this way to me" and "very good", when they were moving people. Another example was staff supporting a person to transfer from a wheelchair to their chair. The staff member asked the person which chair they wanted to sit in. Staff explained what they were going to be doing and provided encouragement, saying

"Take you time there is no rush".

The environment at Thornhill House was very busy. On the day of the inspection we saw two dogs visited the service for people to 'pat' and a chairobics session.

About activities people said, "I join in with cards, bingo and quizzes. I go to the resident meetings. We tell them at the meeting if it isn't working right. I like having my nails manicured", "I'm going to have my nails done in a light pink. I've chosen this jewellery to wear. Staff look after me really well. I like it when the dogs come to visit", "The service is a bit noisy, and there is too much going off" and "I miss cooking. It's all going flat, I don't like it".

We had also received comments from families who had experienced good care, directly to CQC. Their comments included, "I want to thank the staff and management for their care and for their compassion in my nans last days of life and for the care they provided to my nan and also to us. The care of the staff is impeccable and they should be so proud of this. The manager has been like a member of the family, he has been so involved in nan's care and ensured that she got her last wishes always to the end. Please thank all the staff for their compassion and we can not fault the home in one way. BIG THANKYOU" and "Just a short message to convey family thanks to all the staff at Thornhill for dad's care at the home, to support his rehabilitation and enable him to return to his residential care home at Park House, in Worsbrough village. A special thank you to the physio who rang me to give a full update on dad's progress to date, and who promptly implemented "due process" to ensure that dad's return to his care home was achieved promptly and efficiently".

People's care plans contained information about the people's preferences and identified how they would like their care and support to be delivered. We found care records were regularly reviewed.

Staff spoken with had a good knowledge of people's individual health, support and personal care needs and could describe their history and preferences of the people they supported.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

When we spoke with people and their family members they had no concerns they wished to raise.

The registered manager told us there were regular 'resident meetings' and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues. This told us the service actively sought out the views of people and included people in the day to day running of the home. We saw where there were any concerns or comments, however, there was no record of any action being taken to make those improvements and subsequently inform people of improvements to the service. We discussed this with the registered manager and provider at feedback and they confirmed they would look at ways to address this, without making people feel they were complaining and to take action in a formal way. They believe the ethos is now there that people speak out and don't want to regress back to them not doing, if by doing so it has to always be identified as a complaint.

We saw there was a complaints policy/procedure in place and that this was publicly displayed in the corridor areas of the home.

The registered manager provided a computerised list of complaints made to the service. We found the record did not always provide an evaluation of the complaint including how the complaint was to be

investigated, the outcome, any learning from the complaint and feedback to the complainant. Subsequent to the inspection the registered manager provided documents to demonstrate the complaint had been acted on and an outcome shared with the complainant.

Requires Improvement

Is the service well-led?

Our findings

We checked and found improvements had been made with good governance processes after a warning notice was issued after our inspection on 1 and 3 December 2015. We rated Thornhill House as requires improvement following that inspection. The registered provider must now show the improvements made on this inspection can be sustained to ensure the service is consistently well led. Systems and processes that have been introduced must remain consistent and robust to continue to effectively monitor the service and mitigate risks to people.

We checked and found that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

The manager who was managing the service at the last inspection had since become registered manager. 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 and associated Regulations about how the service is run.

It is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service displays their most recent rating on their premises and on every website maintained by or on behalf of any service provider. These were not displayed in accordance with the Commissions guidance. The certificate of registration was displayed at the service.

In the entrance corridor there was a pictorial organisational chart identifying to people who used the service and others the roles of staff who worked at the service. This would help people and others to identify who they may contact if they needed to with any comments they had about the service.

General observation of the management of the home was that the manager was visible and involved with the day to day running of the home. The atmosphere was friendly and caring.

Discussions with staff included, "I love working at the service. The staff are really great. Management are very supportive. The staff work really well as a team", "It's actually fantastic. A home from home. All positive changes that have made people happy and self confident. It's strong management and leadership. Someone with an aim and a heart. They're resident focused and they're always first. He tailors to them, doesn't have favourites. We're seeing providers more. They listen and are supportive", "It's a lot better. 100% better. He [registered manager] is doing a good job. It's the little things, the atmosphere, moral is up, there's more support and he listens" and "It's a lot better since we've had [registered manager]. It works. Senior care staff run the shift and delegate jobs. It's changed so drastically and for the better. These last few months it's been a pleasure to come to work, we're like one big happy family. [Registered manager] joins in, but there's boundaries. He's respected, approachable and we've worked hard. It's brought us together. We've had to help [registered manager] and he shows appreciation and says thank you".

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff we spoke with stated they were able to voice their opinions about the service at those meetings. We found that at staff meetings discussions included any staff concerns and feedback, company updates, management structure, safeguarding, visits and feedback and updates on training.

We checked the audits undertaken to ensure a quality and safe service was provided and any risks to people and the environment identified, assessed and managed. These included, nurse call bells, carpets, legionella, servicing of equipment, cleaning, monitoring hot water and radiators and fire safety.

There was a monthly senior management visit to monitor the quality of the service provided. The audit included the environment, health and safety, infection control, medicines, care plans, laundry and human resource aspects. The audits showed the service maintained a high level of compliance. The audit had sections to follow up actions from the previous month, actions from that month with additional support that may be required and comments for discussions with people and staff.