

Grange Lea Rest Home

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 29 December 2014 and was unannounced. A previous inspection, undertaken on 2 October 2013, found there were no breaches of legal requirements.

Grange Lea is registered to provide accommodation for up to 20 people. At the time of the inspection there were 19 older people using the service, some of whom were living with dementia.

The home had a registered manager in place, who was also the registered provider, and our records showed he

had been formally registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the 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.

People said they were safe living at the home and felt the staff treated them well and respected their rights. Staff

Summary of findings

understood safeguarding issues and demonstrated they could recognise potential abuse. They told us they would report any concerns to the registered manager/ provider or the local safeguarding adults team. The premises were effectively maintained and fire systems and other safety checks carried out on a regular basis. Accidents and incidents were monitored and reviewed to identify and issues or concerns.

The registered manager/ provider had a system to review people's needs and this information was used to determine appropriate staffing levels. Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home. Medicines were handled safely and effectively and stored securely.

People told us they were happy with the standard and range of food and drink provided at the home. They said the meals were good and they could request alternatives to the planned menu. Kitchen staff demonstrated knowledge of people's individual dietary requirements.

People told us they felt the staff had the right skills and experience to look after them. Staff confirmed they had access to a range of training and updating. Staff told us, and records confirmed that regular supervision took place and that they received annual appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager/ provider was aware of the need to demonstrate they acted in people's best interests and to ensure people

made decisions about their care, wherever possible. We have recommended the registered manager/ provider review people's capacity to make decisions, to determine whether they meet the threshold requirements for a formal DoLS application, in line with the MCA.

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with easy access to general practitioners, dentists and district nurses. People said they were treated with respect and staff were able to explain how they maintained people's dignity during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care, as necessary. A range of activities were offered for people to participate in and we saw photographs of past events at the home. People and relatives told us they would speak to the registered manager/ provider if they had any concerns. They said any issues raised were dealt with quickly and effectively. There had been no formal complaints within the last 12 months.

The registered manager/ provider told us he carried out regular checks on people's care and the environment of the home. Staff felt well supported and were positive about the culture of the home and said the registered manager/ provider was approachable and understanding. People and their relatives told us there were regular meetings at which they could express their views or make suggestions to improve their care. Records were well maintained and up to date.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse. Staff told us they would report any concerns they had to the registered manager/ provider or the local safeguarding adults team.

Care plans reflected people's particular needs and were regularly reviewed. Medicines were handled securely and there were appropriate systems for administration, safe ordering and storage of items.

Suitable recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. The registered manager/ provider ensured staffing levels were maintained at a level that effectively met people's care needs.

Good



Is the service effective?

The service was not always effective.

People said staff had the right skills to support them. A range of training had been provided and staff received regular supervision and annual appraisals.

The registered manager/ provider was aware of the Mental Capacity Act 2005. We have recommended he review people's capacity, to ascertain if they meet the thresholds that would require formal applications under the Deprivation of Liberty Safeguards.

People told us food and drink at the home was plentiful and of good quality. Staff were aware of people's special dietary requirements and these were catered for.

Requires Improvement



Is the service caring?

The service was caring.

People told us they were happy with the care they received and were well supported by staff. Staff supported people appropriately and recognising them as individuals. People told us their care plans were explained to them and any issues dealt with.

People had access to a range of health and social care professionals for health assessments and checks.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were a range of activities for people to participate in, including entertainers visiting the home and trips out. People told us they were able to make choices about their care, including what they ate, what time they went to bed and what activities they engaged in.

People were aware about how to raise any complaints or concerns They told us that the registered manager/ provider dealt with any concerns quickly and effectively. There had been no formal complaints within the last 12 months.

Is the service well-led?

The service was well led.

The registered manager/ provider regularly undertook checks to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received and talked confidently about how staff worked as a team. People and their relatives described the service as homely and well run.

There were meetings with people who used the service and their relatives and questionnaires had been used to gain people's views. Relatives and professionals told us the home was well regarded within the local community.

Good



Grange Lea Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 29 December 2014 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local

authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. They had no comments to make on the running of the home.

We spoke with five people who used the service to obtain their views on the care and support they received. We also spoke with five relatives, who were visiting the home on the day of our inspection. We talked with both people who were the registered providers for the home, one of whom was also registered manager, the officer in charge, one care worker and a cook. Additionally, we spoke with two general practitioners who were visiting the home on the day of the inspection.

We observed care and support being delivered in communal areas and viewed people's individual accommodation, with their permission. We reviewed a range of documents and records including; four care records for people who used the service, four Medicine Administration Records (MARs), three records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home: Comments from people living at the home included, “Grange Lea are very kind to me”; “I feel quite safe living here” and “Do I feel safe living here? Very much so.”

Relatives told us, “Some of the care workers she regards as friends. I know she is safe here”; “I’ve no qualms about the place. I have confidence in the place” and “I go home knowing she is safe and sound.” The registered manager/ provider told us, “The paramount thing we do here is make sure the residents are safe and looked after by staff that they like.”

Staff members told us they had undertaken training on safeguarding and protecting people from abuse and training records confirmed this. They also confirmed training was regularly updated. The staff were confident in their answers about recognising the signs of potential abuse and that they would report any concerns to the registered manager/ provider. Staff were also aware of the local adults safeguarding team and told us that, if necessary, they would speak to someone outside to highlight any concerns. However, all staff said they had never had any concerns about the level of care at the home. The registered manager/ provider confirmed there had been no recent safeguarding incidents or matters.

We saw the provider had a whistleblowing policy in place to support staff to raise concerns about the delivery of care. All staff told us they could speak to the registered manager, registered provider or the officer in charge, if they were worried about anything. Staff said they had never had to raise any whistleblowing issues at the home. The registered manager/ provider confirmed there had been no recent whistleblowing incidents. This demonstrated staff had the knowledge and understanding to take action if they were concerned about the safety of people living at the home.

We saw the premises were well maintained, clean and tidy. We saw there were checks on gas and electrical systems and regular safety checks were also undertaken within prescribed time scales. The registered manager/ provider told us he walked around the building every day and identified any issues that needed addressing. He told us one of the advantages of being personally in charge was that he could action things immediately and get them done without long delays. We saw regular checks had been carried out within the home; such as fire systems, fire

equipment and emergency lighting. All small electrical items had been subject to a portable appliance test (PAT). This meant appropriate systems were followed to ensure the safety of the premises and ensure ongoing repairs and maintenance was up to date.

The registered manager/ provider maintained a record of accidents and incidents occurring at the home. We saw that as part of the recording process a review of each individual incident was undertaken. He told us the home had previously been part of a falls awareness scheme. Because of this staff were very good at monitoring and recording falls. He told us reviews had shown no particular pattern of concern and there had been no recent serious injuries to people living at the home. This meant a system was in place to review incidents in the home and make changes, if necessary.

The registered manager/ provider told us there were 26 staff in total employed at the home, including care staff, an administrator and kitchen staff. He said he and his wife, as the registered providers and registered manager, were also on site most days. He said that during the week each shift consisted of the officer in charge, a senior care worker and two care workers. At weekend he or his wife was available to be contacted if there was a concern or emergency.

The registered manager/ provider told us he had a system to assess people’s needs and determine dependency levels and thus staffing needs. However, being at the home on a daily basis meant he was aware of any changing demands, such as if a person became ill or required temporary additional support. Staff told us they felt there were enough staff at the home to deliver care. The officer in charge told us, “I think there are enough staff. Sometimes when, like now, viruses are going round it can be a bit short, but everyone is pretty good at helping out.” Staff said sickness and absences were covered by staff undertaking extra shifts or working extended hours and there was little or no use of agency staff. One person told us, “Enough staff? Yes I think so. Everything is okay.” We observed lounge areas were not left unsupervised for long periods of time and that call bells were answered promptly. One person told us, “If I need help I don’t have to wait long for it.”

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. We saw two references had been taken up, with

Is the service safe?

one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. This verified the registered provider had appropriate recruitment and vetting processes in place. The registered provider had a policy and procedure for dealing with any disciplinary issues at the home. The registered manager/provider told us there were no current disciplinary matters in progress.

We observed staff administering people's medicines. We saw people were given their medicine appropriately; with time given for them to take their tablets and a drink given

to help them swallow the dose. We examined the medicine administration record (MAR) sheets for four people and found there were no gaps in the recording of medicines, that any hand written entries were double signed, to say there were correct, and appropriate codes used if medicines were not given. Medicines were stored safely and securely in locked cupboards or a locked cabinet. We spoke to a general practitioner who was visiting the home. She said she had no concerns about how the home dealt with medicines and that they had effective systems for ordering and collecting items from the surgery.

Is the service effective?

Our findings

People and their relatives told us they felt staff who supported them had the right skills to provide their care. Relatives told us, “Everyone (staff) seems to know the needs of people” and “I feel they have the right training and have the right skills.” One person told us, “All the staff are very good” and a general practitioner, who was visiting the home on the day of our inspection, said, “They are on the ball and know what is going on. I believe the staff have the right skills.”

Staff told us they had access to a range of training and opportunity to update their skills. They told us they had received recent training in end of life care, safe handling of medicines, mental health and infection control. One staff member told us, “I try to do all the training I can do; keep up to date” and “Anything you want to do you usually can. They are very willing to give you the chance.” The registered manager/ provider showed us the training matrix that he maintained to ensure all staff mandatory training was up to date. He told us, and staff confirmed that training involved a range of in house and external run courses. We saw that staff had a range of training including continence support and risk assessments. Nine staff had received specific training in relation to person centred care. Staff told us they had recently undertaken dementia awareness training. A general practitioner said, “(Officer in charge) is better than most staff nurses in other homes.”

Staff who had recently been employed at the home told us they had undertaken an induction programme before fully starting work. We saw copies of an induction checklist to show they had been given explanation or training on key areas. They said they had been given opportunity to shadow more experienced staff. This meant the registered manager/ provider was able to demonstrate staff’s skills and knowledge were regularly updated and reviewed, to ensure delivery of effective care to people.

Staff told us they had regular supervision and annual appraisals. They told us they had supervision approximately every two months. A member of staff relatively new to the home told us she had already received supervision sessions with a senior member of staff, to check she was settling into the role. We saw copies of

supervision and appraisal documents in staff personal files. One member of staff told us, “We have supervision, but we are talking all the time. It is small enough to know each other’s capabilities and each other’s weaknesses.”

Information contained in people’s care plans indicated some consideration had been given to people’s mental capacity and their right and ability to make their own choices, under the Mental Capacity Act 2005 (MCA). We spoke with the registered manager/ provider about the MCA and the recent ruling by the Supreme Court in relation to DoLS. He had an understanding of best interest decisions and told us people living at the home had capacity to make decisions. He told us no one was subject to any restrictions under the DoLS legislation. Staff were aware of the MCA and understood about supporting people to make choices and decisions. However, on speaking to staff, we identified a number of people who lived at the home who might require an assessment, to ascertain if they fell within the threshold for a DoLS application. We spoke to the registered manager/ provider about this and he said he would look into the matter.

We saw that, where possible, people were encouraged to give their personal consent and agreement to care being delivered. We saw care plans were signed by people to show they had agreed to the care plan being delivered. However, we noted one person had bedrails in place to reduce the risk of them falling out of bed. Whilst this had been agreed with the person’s general practitioner there was no indication of the best interest decision being taken and recorded, to ensure it was the most appropriate option. The registered manager/ provider said he would review this.

Staff told us they would always ask people if they were happy with the care they were providing, or seek their permission before doing anything. The registered manager/ provider told us all staff were required to knock before entering people’s rooms. We witnessed staff knocking on people’s doors throughout the day. One staff member told us, “No one will enter a room without knocking and asking, even when care is being delivered.” One person said, “They always knock and explain who they are.”

People told us they were happy with the meals provided and the range and choice of food on offer. People’s comments included, “The food suits me. Good wholesome food; nothing too fancy. I like it as it is”; “The beef is beautiful; nothing like it. And it doesn’t depend on which

Is the service effective?

chef is on” and “The food is very good with lots of choice.” Relatives told us, “The food is wonderful, all homemade and local produce” and “The food is all homemade, pretty good; I have eaten it. They all get a beautifully iced birthday cakes for their birthdays.” We spoke with the chef who had a good understanding of people’s dietary needs. He showed us information he held about any special requirements, any allergies they may have and people’s like and dislikes. We saw there was a choice of meals but people could also have additional items, if they did not like the menu available. We found a good supply of fresh, frozen and dry goods at the home. This meant people’s specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

We spent time with people having lunch. We saw the food was hot and looked appetising. One person told us, “The meal is very nice, thank you.” Another person said how they

felt the sauce with the meal was very tasty. We saw that between meals people were offered a range of drinks and snacks, mid-morning and mid-afternoon. We saw people’s weights were monitored regularly.

The registered manager/ provider showed us people with limited mobility, or who used wheelchairs, could access the home through a side entrance, avoiding the step at the front of the building. This side entrance also allowed motor vehicles to pull close to the building. The remainder of the home’s ground floor was accessible in a single level with the exception of the conservatory. The registered manager/ provider told us work was due to commence in the New Year to refurbish this area, to make an accessible entrance at the front of the building and level the floor, making the whole of the ground floor fully accessible.

We recommend the provider considers the recent Supreme Court ruling on Deprivation of Liberty Safeguards and consults with the Northumberland Safeguarding Adults Team.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care provided. Comments from people about their care included, “I like it very much, I do. I’m looked after here. It has all been very good” and “The staff are absolutely fabulous. There’s not one thing you could fault them with.” Relatives were equally positive in their comments, including, “It’s the best place she can be if she can’t be at home”; “She is properly cared for now. I am well pleased with the care”; “She is always properly dressed in nice clothes, always clean. I’m as pleased as I could possibly get”; “They really go that extra mile. It’s the little things they do which makes a difference. They will always put her bed socks on the radiator to warm them up” and “Absolutely fabulous; absolutely marvellous. Really very, very good care. They try their best.” One general practitioner told us, “I always felt that the home was very nurturing. It strikes me that throughout the whole organisation the staff are nurturing and caring.” The registered manager/ provider told us how every resident received a Christmas stocking containing small gifts in their room on Christmas morning.

We spent time observing how staff interacted with and treated people who used the service. We saw people were treated appropriately, patiently and individually. For example, we saw in the dining room during lunch that one care worker went round each table to people who needed support with meals, crouched down and spoke appropriately and reassuringly to them and encouraged them to eat. One staff member told us how a person had been distressed and they had needed to call a doctor. They described how staff comforted the person until the doctor arrived. One relative told us, “It’s just remarkable. Outstanding. It’s not just a job; it’s done sincerely.”

The registered manager/ provider told us there was no one living at the home who had any particular cultural or religious requirements. He told us, and people confirmed there was a regular communion service held at the home by a visiting minister. One person told us, “It really helps having a service here.” He told us, and staff also demonstrated how they supported two people who were living with hearing loss. One person was able to lip read and staff were aware of the need to stand in line of sight

and speak clearly for her. Another person could not lip read so staff demonstrated how they used pictorial cards and note pads to communicate with them. One person told us, “Staff know that I can’t hear, so they talk loudly for me.” This demonstrated people’s diverse needs were recognised and addressed.

People and relatives told us they felt involved in their care and had issues explained to them. Comments from relatives included, “They keep you informed about things. They always chat to you straight away”; “They always discuss with my (relative) and the rest of the family any care that is needed” and “They actually sat down with (relative) and went through the whole care plan with her.”

We saw people’s wellbeing was monitored and maintained. People’s care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. During the day of our inspection two general practitioners visited the home to assess and treat people. One general practitioner told us the registered manager/ provider had asked her to examine a person, even though they were not on her original list, because he was concerned. The general practitioner told us, “They call us in on time and appropriately. They always follow the advice and instruction I give.” One person told us, “If I want to see a doctor they will call one for me.” A relative told us, “If I’m ever worried about her and ask if they will take a water sample to get it tested; nine times out of ten they will already have done that. They are really on top of people’s needs.” This indicated people’s health and wellbeing was monitored and action taken to address any issues that arose.

The registered manager/ provider told us that no one at the home was currently using an advocate, but this could be arranged, as necessary.

People told us their privacy and dignity was respected. They confirmed staff knocked on their bedroom doors before entering. Staff told us how they ensured people’s dignity was maintained during personal care through ensuring doors were kept closed and curtains were drawn. One care worker told us how she always ensured each person was covered or partially clothed when delivering care, to limit people’s embarrassment.

Is the service responsive?

Our findings

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, wellbeing and individuality. Care plans involved a range of assessments covering such areas as; their mobility, nutritional needs, personal care needs and any identified health issues. One relative told us, "They always ask (relative) if she needs any further care and always ask her if she wants any changes." We saw a pre-admission assessment had been undertaken, prior to people coming to live at the home, to ensure their needs could be met. A relative said, "The manager came to do an assessment before admission, before we had finally decided." The registered manager/ provider told us he carried out detailed assessments prior to admission, to confirm the home could meet the needs of the person and ensure that the care provided for others was not compromised, through an inappropriate admission.

People told us they felt the care they received was responsive. One relative told us how they had provided a sensor mat for the person, so they knew when she was getting up during the night. A person told us, "If they hear you moving around they are in straight away to see if you are alright."

We saw people's care plans were personalised and individual. People's needs had been assessed and plans written to reflect their individual needs. People's preferences had been noted including their likes and dislikes in relation to food choices and the types of clothing they liked to wear, with one care plan indicating 'always likes to wear trousers'. We saw care plans were reviewed in light of people's changing needs. For example, we saw one person was having frequent nose bleeds. We saw a new care plan had been created specifically to address this concern. Whilst the care plan was detailed in the medical action taken, there was limited information to indicate, if future such events occurred, when staff should call a doctor or seek further advice. However, we noted on this occasion a doctor had been consulted and an appointment arranged for the person to attend hospital.

People who lived at the home and staff told us about a range of activities, including entertainers, a knitting circle, trips out and craft activities. One relative told us, "It's the happiest time of her life at Grange Lea. Everything they organise she likes to go to. She had a wonderful Christmas;

all sorts of activities." People told us young people from the local school came in occasionally and played games with them or did jigsaws. Another relative told us, "(Relative) loves to see the young ones." One person said, "I do my puzzles, read, do jigsaws. I'm usually occupied." We saw pictures of previous events and entertainments that had taken place at the home.

We saw people were able to make choices about their care and activities throughout the day. There was a set meal at lunch time, although alternatives were available if required and a choice of meals for dinner. The registered manager/ provider said that people could have their breakfasts in their bedroom or in the dining area, but most people had it in their rooms. Information held in the kitchen indicated what people had for their breakfast and we were concerned that people received the same breakfast each morning. The registered manager/ provider told us people could have a choice, if they wished. One person told us, "I get asked every morning what I want for breakfast. I can have bacon and egg, if I like." Another person told us about choices, "I can choose when I go to bed. If I'm tired and want to go to bed early they will help me to bed." One relative told us, "(Relative) has never been served anything from her 'dislike' list." We saw people who were independently mobile were free to move around the home. Many people sat in the main lounge area or the conservatory, although a number of people returned to their rooms where they sat reading, watching television or rested on their beds.

The registered manager/ provider told us there had been no formal complaint in the last 12 months. He said one of the benefits of being at the home regularly was that he could deal with things before they got to the level of an official complaint. He felt this was more responsive than a formal reaction. People and their relatives told us they were aware of the complaints policy but had never had to raise any formal complaints. People who lived at the home told us, "I've never had to complain. I would speak to (registered manager). He is easy to speak to and comes round to make sure all is okay" and "I've nothing to complain about." Relatives told us, "Whatever needs sorted he (registered manager) gets it done"; "I've never found anything that has caused me concern"; and "There is always someone in the office you can go to and it is put right straight away." This meant people were aware of how they could complain and a process was followed to ensure complaints and concerns were dealt with appropriately.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Commission since October 2010. The registered manager/ provider was present and assisted with the inspection.

People told us they felt the home was well run, homely and the registered manager/ provider kept a close eye on the running of the home and the standard of care. Comments from relatives included, “(Registered manager) comes round and checks on things”; “It feels like you are visiting (relative) in her own home” and “(Registered providers) are always both backwards and forwards keeping an eye on things.” A general practitioner who was visiting the home told us, “(Registered manager/ provider) has a very personal touch” and “If my (relative) was requiring care this (home) would be in the back of my mind.”

Staff told us they were happy working at the home and felt well supported by the management. Staff told us, “I do enjoy working here. It is a challenge at times but I enjoy doing it”; “Definitely feel well supported. They are very approachable. They give you every support they can and are around most days” and “(Registered providers) are very supportive. The main thing for them is that the residents are well looked after.” Staff said morale was good and they worked as a team.

The registered manager/ provider told us the culture of the organisation was to provide good quality care, in a safe setting by staff who were well trained. He said, “I know what care is. I know what bad care is and what bad carers are. I don’t do that.” Staff told us they felt one of the key elements of the home was how it was very personal. Staff told us, “We have good carers; we are small, cosy and not flash. We go that little extra way for people. It is more like someone’s house.”

The registered manager/ provider told us he carried out regular checks on the care and fabric of the building as he went round the home on a daily basis. He told us if anything needed addressing he would action it that day, meaning there were no delays in rectifying any problems.

People and their relatives told us there were regular residents’ and relatives meetings and they could raise any issues and concerns with the registered manager/ provider at any time. They told us suggestions made were acted upon, including ideas for menu changes and destinations for trips out from the home. One relative told us, “There are regular residents’ meetings that residents can go to if they want. Residents speak up and say what they want to say and they (management) listen.” People and relatives also confirmed they were asked to complete questionnaires on a regular basis. The registered manager/ provider told us, “People can chop and change what they want and it will be done. If someone wants to make a change in their care, it will be made.”

Staff told us there were no regular formal staff meetings. They said because the home was small they were able to communicate on a daily basis and any key issues could be discussed personally or in handover meetings. They told us that for issues about people who used the service they communicated, either directly or through the use of a daily communications book. They said this ensured messages and information was passed between shifts and nothing got missed. The registered manager/ provider told us that during the week he always attended the morning handover meeting with the night staff, so he was up to date with people’s individual issues and aware of any problems that needed tackling. We found records were up to date. There was good detail in daily logs, people’s care plans were regularly reviewed and safety records, such as fridge and freezer temperatures and fire drill records were up to date.

Relatives and visiting professionals told us the home was well known and well regarded within the local community. They told us many people were aware of the home and had connections with it because of relatives using the service now, or in the past. The registered manager/ provider told us the home had been open 29 years and they were now seeing second generations of family members using the service.