Methodist Homes

Kenbrook

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

This inspection took place on 20 November 2017 and was unannounced. Kenbrook is a care home with nursing. The home is owned and operated by Methodist Homes Ltd. Kenbrook is registered to provide care and accommodation for up to 51 older people who may also be living with dementia.

At our last inspection on 30 November 2015 the home met regulations and was rated good.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people in the home had complex needs and were therefore unable to provide us with feedback. We therefore spent time observing interaction between people and staff. On the day of our inspection we observed people were well cared for and appeared relaxed and comfortable in the presence of care workers. We observed positive engagement between staff and people. Staff were respectful to people and showed a good understanding of each person's needs and abilities.

People we spoke with told us they felt safe in the home and around staff and this was confirmed by relatives we spoke with. There were systems in place to keep people safe. Staff had received training on how to identify abuse and understood their responsibilities in relation to safeguarding people, including reporting concerns relating to people's safety and well-being.

Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Medicines were managed safely and staff were appropriately trained. Appropriate infection control procedures were followed to minimise the risk of spreading infection. Accidents and incidents were documented appropriately and action was taken to prevent future incidences from happening.

Staff we spoke with told us there were sufficient numbers of staff to safely meet people's individual care needs. On the day of the inspection, we observed staff did not appear to be rushed and were able to complete their tasks. We discussed staffing levels with the registered manager and she told us staffing levels were assessed depending on people's needs and occupancy levels.

People's needs were regularly assessed to ensure the home was able to provide treatment and care appropriate to people's individual needs. Staff received ongoing training and spoke positively about the training they received. Regular planned supervisions and appraisals ensured staff performance was monitored. All staff we spoke with told us they were well supported by management at the home and said that morale in the home was good.

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 supported this practice. The home operated within the principles of the Mental Capacity Act 2005 (MCA).

Where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS).

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes and preferred routines.

People and relative's spoke positively about the food in the home. During the inspection, we observed people having their lunch and saw there was a relaxed atmosphere. We noted that lunch on the ground floor took approximately an hour and 15 minutes and we discussed this with the registered manager. She explained that this occurred occasionally because a large proportion of people had complex needs and therefore required longer for lunch.

Some people in the home had low weight and a low body mass index. We saw there was clear information about how to support these people with their nutritional needs, preferences and clear guidance for staff detailing how to encourage the person to eat.

The home had a varied activities programme which included music and movement, church service, manicures, flower arrangements, music therapy and afternoon movie. There was a therapeutic programme for people who were unable to participate in group activities and staff ensured they spent time interacting with these people.

People and relatives spoke positively about the Christmas fete that took place in November 2017. Relatives told us that the home made every effort to celebrate events and ensure people felt involved with these.

Procedures were in place for receiving, handling and responding to comments and complaints. We saw evidence that complaints had been dealt with appropriately in accordance with the policy.

The home carried out a formal satisfaction survey in 2016 in order to obtain feedback from people and relatives. The feedback obtained was positive and it was evident that the home had reviewed and analysed the results.

There was a clear management structure in place and staff told us morale within the home was positive and staff worked well with one another. Staff told us management were approachable and there was an open and transparent culture. They said communication in the home was good and they were informed of changes through staff and handover meetings.

Management consistently carried out checks and audits to monitor and improve the quality and safety of the home and took appropriate action when areas for improvement were identified.

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 home remains good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

Kenbrook

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 20 November 2017. The inspection team consisted of one inspector, a pharmacist inspector, a nurse specialist advisor 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.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed fourteen care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with six people who used the service and eleven relatives. We also spoke with the registered manager, deputy manager, two nurses, four care workers and the activities coordinator. Following the inspection, we spoke with two care professionals.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the home. When asked if they felt safe in the home, one person said, "Oh yes undoubtedly" and another person said, "Yes. Oh yes no problem." Another person told us, "I think it's wonderful here. I feel completely safe."

Relatives we spoke with told us they were confident that people were safe in the home and around care staff. One relative told us, "I am confident that [my relative] is safe." Another relative told us, "[My relative] is very much safe there." Another relative said, "Extremely safe, never had a qualm. My [relative] is very relieved that [my relative] is here, it gives him great comfort to know she is well cared for."

Care professionals we spoke with said that they were confident that people were safe in the home. One care professional told us, "I am confident people are safe. Staff are caring. I have no concerns." Another care professional said, "The quality of care is great. I have no concerns about whether people are safe. I am confident that people are safe."

Records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to reduce the level of risk to people whilst balancing their wellbeing with the impact on others and the environment. Appropriate risk assessments were in place which included areas such as personal care, falls, diabetes, moving and handling and behaviour that challenges. Malnutrition Universal Screening Tool (MUST) risk assessments were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. There was documented evidence that risk assessments were reviewed monthly and were updated when there was a change in a person's condition.

We looked at how the skin integrity of people was managed at the home. At the time of the inspection, there was one person who had a pressure sore. We found that this person's pressure sore had nearly completely healed and we looked at this person's care records to see what care arrangements had been in place. We saw evidence that this person had a pressure ulcer risk assessment in place which included the use of the Waterlow scoring tool. Further, there were accurate records of repositioning charts during the day and during the night. Wound assessment body maps and wound photographs were in place and we saw that the tissue viability nurse had been involved with this person's care immediately. We also saw that necessary pressure relieving equipment was available and in good condition.

It was evident that the home had considered how to ensure people felt safe in their surroundings. People's care support plans included a section titled "maintaining a safe environment". This included detailed instructions and information for staff to ensure that the person was kept safe and also ensure that they felt safe in the home. This included person centred information about the person's environment, how to speak with them and reassure them.

Training records indicated that care workers had received safeguarding training. When speaking with care workers they told us how they would recognise abuse and what they would do to ensure people who used

the service were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home.

During this inspection, we looked at medicine storage, training and medicine administration records. We found staff were managing medicines safely.

Medicines were stored safely and securely at the home. Medicines requiring refrigeration were stored at the correct temperature range. However, we found staff were not monitoring the temperature of a room where one medicine trolley was being stored. We discussed this with the registered manager and she confirmed that the trolley would be stored along with the other trolleys and that they would ensure temperatures would be taken to ensure medicines remained within their accepted temperature range and remain safe for use.

On the day of the inspection, we observed nursing staff gave people their medicines in the morning and afternoon and found they did this in a caring way. However, we saw one person was handed their medicines to take themselves unsupervised when the home had not considered the risks around this. We recommend that a thorough risk assessment should be carried out when medicines are left with people unsupervised for self-administration. We discussed this with the registered manager and she confirmed that the home would carry out an appropriate risk assessment.

We saw that the home had a medicines policy in place. Staff received regular medicines training and had their competency assessed to ensure they handled medicines safely. We saw records of regular medicine audits. There was a system in place to receive and action medicines alerts and there was a process to report medicine errors. This provided evidence that the home had systems in place to monitor the safe use of medicines in the home.

We looked at the Medicine Administration Records (MAR) of eight people. Records confirmed people had received their medicines as prescribed. We noted that where staff were applying external medicines such as creams and ointments, they were not completing the records. There was written guidance for staff to refer to when giving people when-required medicines to ensure they did so consistently and appropriately.

GPs regularly carried out medicine reviews for people at the home. The provider had carried out required assessments for people receiving medicines covertly. Covert medication is the administration of medicine in disguised form in food or drink. Members of staff were managing high-risk medicines such as anticoagulants and diabetic medicines safely. Anticoagulants are medicines that help prevent blood clots.

People who lived at the home did not raise concerns regarding staffing numbers. Relatives, with the exception of one said that there were sufficient numbers of staff at the home. During the inspection, we discussed staffing levels with the registered manager and she told us that there were sufficient staff deployed to meet people's needs safely and said that there was flexibility so that they could deploy staff where they were needed. Staffing levels were assessed depending on people's needs and occupancy levels and there was a dependency tool in place to assist the home to allocate staff accordingly.

On the day of the inspection, there was a calm atmosphere in the home and staff were not rushed. Staff we spoke with told us there were enough staff on duty during shifts and said they were able to get their tasks completed. They did not raise any concerns in respect of this.

There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out prior to staff commencing employment at the home.

There were plans and procedures in place to deal with a foreseeable emergency. The fire plan was clearly displayed in the home indicating fire exits and escape routes. All staff had completed fire safety training and this was refreshed every twelve months. People had personal emergency evacuation plans (PEEP) in place. Fire equipment was appropriately stored and easily accessible in the home. Regular fire drills and checks were carried out by the home and documented accordingly. Emergency equipment such as the suction machine was available and was regularly checked. The nebulising machine was in good working order.

Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date. Management carried out a premises audit to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Areas such as checking hoists, slings, call bells, lifts food hygiene, Control of Substances Hazardous to Health [COSHH] and fire arrangements were also covered. The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in instances such as a power cut, adverse weather, chemical spills and emergency evacuation.

People and relatives we spoke with told us that the home was clean. One relative said, "The place is always so clean." Another relative told us, "The home is clean. It is spotless." On the day of the inspection, we found the premises were well-maintained, clean and there were no unpleasant odours. There was an infection control policy and measures were in place for infection prevention and control.

People had calls bells in their rooms which were accessible to them. The service had an electronic system in place which showed the number of calls and the response time to each call. This was monitored by the registered manager to ensure call bells were responded to in a timely manner.

Accidents and incidents had been recorded appropriately and included information about the incident as well as detail about how to prevent such incidents from occurring. The registered manager explained that incidents were monitored and reviewed and then discussed during staff meetings in order to help staff learn from these and prevent their reoccurrence.

Good

Is the service effective?

Our findings

People who lived in the home and relatives told us they were satisfied with the care provided. One relative told us, "The care is brilliant. They are wonderful. They can't do enough." Another relative said, "The home is fabulous. It really is. It was a great decision to pick this home. It is a warm and friendly home. Staff are cheerful. We are delighted with the home." Another relative said, "Kindness itself, absolutely, whatever [my relative] asks they say no problem. The home has a good reputation in the area. It's like a breath of fresh air, everyone is very friendly."

People's care documentation indicated that people had received an initial assessment of their needs with their families' involvement before moving into the home. There was a detailed pre-admission assessment in place which included important information about people's health and care needs. These were person-centred and included information about people's preferences and interests. Individualised care support plans were then prepared using the detail from pre-admission assessments and plans identified people's preferences, needs, and included details of how staff were to provide them with the care they needed.

People's healthcare needs were closely monitored. Care records contained important information regarding medical conditions, behaviour and any allergies and we saw these were well maintained. Care records included a record of appointments with healthcare professionals such as people's dentist, optician and GP. Information following visits by GP and other professionals were documented in people's records.

People who used the service spoke positively about the food in the home. One person told us, "Food is very good." One relative told us, "Excellent food. There is a choice. " Another relative said, "The food is very good on the whole." Another relative said, "The food is well presented and there is a good balance."

There was a three weekly food menu which included a variety of different types of foods. There were alternatives for people to choose from if they did not want to eat what was on the menu.

During the inspection, we observed people having their lunch in the dining area on both the ground and first floor. We saw that there was a relaxed atmosphere on both floors with music playing. Dining tables were laid attractively with the food menu for the day displayed on each table so that people knew what food was available on the day. People sat at tables with one another and were able to engage with staff and people who use the service. Where people required support to eat, staff sat next to them in a respectful manner and took time to assist them to eat. We observed on the day of the inspection that lunch took approximately an hour and 15 minutes on the ground floor. We observed that there was some delay with people receiving their food, but noted that there were adequate staffing numbers on the ground floor. We discussed the delay with the registered manager and she explained that this occurred occasionally as a large proportion of people had complex needs and therefore lunch took longer.

Care records showed that nutritional needs of the people who used the service were met. We observed some people had low weight and a low body mass index and saw that there was clear information about how to support the person with the nutritional needs, preferences and clear guidance for staff detailing how

to encourage the person to eat. People's weights were recorded monthly so that the service was able to monitor people's nutrition.

In May 2017 the Food Standards Agency carried out a check of food safety and hygiene and awarded the service five out of five stars.

There was necessary equipment in the home to manage people's needs. There were hoists available and they were in good working order and we saw that these were checked regularly by an external organisation. There were slings for different sizes used for people. During our previous inspection in November 2015, we noted people did not have individual slings. During this inspection, we found that the majority of people did have individual slings and where necessary these had been ordered.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The home was working within the principles of the MCA. Care plans included information about people's capacity to make decisions. A best interest plan was in place where necessary and included a best interest checklist to assist in deciding if a person's best interests have been adequately considered.

Where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the home had made necessary applications and the majority of authorisations were in place. In some instances, the registered manager was waiting for authorisations and had an effective system in place to monitor this.

Training records showed that care workers had completed training in areas that helped them when supporting people. Topics included basic first aid, health and safety, safeguarding people, fire safety, food hygiene, infection control, medicine administration, epilepsy awareness and the Mental Capacity Act 2005 (MCA 2005). The training provided was a combination of online and classroom based sessions. Staff were also provided with refresher training, which ensured staff updated their knowledge and maintained the skill to ensure people's needs were met. There was a training matrix in place which clearly detailed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities. Staff spoke positively about the training they had received. We saw in records that staff were also provided with regular one to one supervisions and annual performance appraisals.

Staff we spoke with told us that morale was positive at the home and they felt supported by their colleagues and management. One member of staff told us, "It is really good working here. I am well supported. The manger is very good." Another member of staff said, "The atmosphere is great. The manager is very supportive."

Good

Is the service caring?

Our findings

People told us they were well cared for in the home and said they were treated with respect and dignity. Relatives we spoke with confirmed this and told us that they were confident that people were treated well in the home. One relative told us, "It's a very personal service. We never felt [our relative] was just another person here." Another relative said, "Staff are incredible. They are patient and intuitive. Some residents are challenging but staff are patient. I would give them ten out of ten for every category." When speaking about staff, one relative told us, "They go over and above what they are supposed to do. The staff say hello to [my relative] and he comes alive."

Care professionals we spoke with told us care workers were caring and raised no concerns. One care professional said, "Care staff are so helpful. People are treated well."

During the inspection, we observed that the atmosphere in the home was warm and caring. We observed interaction between care workers and people and saw people were relaxed and appeared comfortable in the presence of care workers. Care workers were patient when supporting people and communicated with them in a way that they understood. People were treated with respect and dignity. The home had made effort to ensure the premises had a homely atmosphere and the home had a resident cat that was popular amongst people in the home. People had use of a quiet lounge and a reminiscence lounge and music room. These rooms had ornaments, items, games and posters from the 1940's and 1950's to enable people to reminisce and feel at home.

Staff we spoke explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. People and relatives we spoke with confirmed this. Care plans were up to date and had been consistently reviewed by staff with the involvement of people and their relatives where necessary.

Care records included information about people's likes, dislikes, interests and hobbies. Care records also included information about people's background and the home used this information to ensure that equality and diversity was promoted and people's individual needs met. Care support plans included detailed information about people's individual cultural and spiritual needs. Each person's care records included a section detailing people's religious and spiritual beliefs. Care records we looked at contained a good level of detail in respect of this which enabled care staff to support people to meet these needs. Relatives confirmed that people were supported to meet their cultural needs. One relative told us, "[My relative] is religious and they look after her spiritual needs. A Methodist minister comes in and does a service for them. People really like it. [My relative] likes to join in with prayers." We saw evidence that representatives of various faiths and denomination visited the home on a regular basis to support people with their spiritual needs.

The home supported people to maintain relationships with family and friends and this was confirmed by relatives we spoke with. When asked if the home kept relatives informed of developments, one relative told

us, "Yeah all the time." Another relative said, "Yes absolutely - particularly when she was not eating well. They made a huge effort to get her to eat. They kept a fluid and food chart and weighed her every week." Another relative told us, "Communication is good. They always keep me informed of developments."

Staff understood what privacy and dignity meant in relation to supporting people with their care. They told us that they always listened to people and ensured they felt valued. People's privacy was respected and staff shared with us examples of how they protected people's dignity when supporting them with personal care. For example by closing doors and curtains and explaining clearly to people what they were about to do. We saw that staff knocked on people's doors before entering their rooms and people we spoke with confirmed that staff did this. One care worker we spoke with told us, "I respect people's dignity and privacy. I treat people like I treat my mother and father. One day I will be old and I treat people the way I would like to be treated when I am older."

Good

Is the service responsive?

Our findings

People and relatives told us people received care, support and treatment when they required it. When asked whether the home was responsive, one relative told us, "Care staff are kind. They always respond. They never say no." Another relative said, "They meet [my relative's] needs. She has a lot of health needs. They are understanding and responsive to this. Care staff are extremely caring and they know how to manage [my relative's] needs." Another relative said, "There is a nice ethos about the place. Activities include singing hymns, Catholic and Methodist service and Gospel singer. There is individual music therapy, exercises with a big balloon, hand massage. [My relative] really enjoyed that. And hairdresser every Friday."

Care professionals told us the home was responsive. One care professional said, "They are always eager for us to go in. They are very engaging and not obstructive. They have been good responding to teaching and training we provide." Another care professional told us, "I am very confident that the home would take necessary action."

The home had a varied activities programme which was devised based on their individual interests. Different activities were held weekly. During the week of the inspection, we noted that the following activities were available; music and movement, church service, manicures, flower arrangements, music therapy and afternoon movie. We spoke with the activities coordinator during the inspection and she explained that they varied activities so that they could reach out to people's different interests. She also explained that there was a therapeutic programme for people who were bedridden and they ensured they spent time interacting with these people. The home had a programme called, "Seize the day" which was an invitation to all people to fulfil an ambition or dream and we saw posters for this displayed throughout the home.

The registered manager explained to us that the home was going to implement a tea programme with a famous tea company. This programme involved introducing numerous tea stations around the home so that people could easily access tea when they wanted to. The idea behind this programme is that encouraged people to get involved with making tea for other people where possible and encourage and build their independence. It also encouraged those people at the home to interact with one another and have a conversation.

People and relatives spoke positively about the Christmas fete that was held on 18 November 2017. Relatives told us that the home made every effort to celebrate events and ensure people felt involved with these. One relative told us, "There is such a lovely atmosphere. They celebrate Christmas and celebrate every possible occasion. It is such a vibrant home."

Care support plans contained personal profiles, personal preferences and routines and focused on individual needs. The home provided care which was individualised and person-centred. Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves. Care support plans contained a night care plan for people which showed people's bedtime routine, their care regime before they sleep and whether

they needed to be checked.

Care plans were reviewed monthly by staff and were updated when people's needs changed. Regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

There was a system in place to obtain people's views about the care provided at the home. We saw evidence that resident's meetings were held so that people could raise any queries and issues. Relative's meetings were held quarterly.

There were procedures for receiving, handling and responding to comments and complaints. The policy made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the home. The complaints policy was displayed throughout the home. The home consistently recorded complaints received on their internal "complaints notification form". This recorded details of the complaint, details of immediate action taken and the final outcome. We noted complaints had been dealt with appropriately in accordance with their policy.

The home had carried out a formal satisfaction survey in 2016 to obtain feedback from people and relatives. The feedback obtained was positive and it was evident that the home had reviewed and analysed the feedback. Relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) in place. All the DNACPR's we viewed were signed appropriately and were up to date. There were also care plans in place which clearly stated the end of life wishes for people.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives with the exception of one spoke positively about management at the home and said they found them to be approachable and felt comfortable raising queries with them. When asked whether they were confident with management at the home, one relative said, "The manager is absolutely brilliant. She is very approachable. They deputy manager is very good." Another relative said, "The manager is lovely. Very open and welcoming. Very professional and she knows how to run the home so well. She is kind and compassionate." Another relative said, "They are very approachable - comes from the top down. Gentleness and compassion. What I love about them is they have a very human touch. Another relative said, "I filled in a form about the home saying the Government should use this as an example of what good care should be like."

Care professionals we spoke with told us that management in the home was effective. One care professional said, "Management are very efficient and approachable. I would highly recommend the home." Another care professional said, "The home is well managed."

A manager had been registered with the Care Quality Commission (CQC). 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.

The home had an effective management structure in place which consisted of a team of nurses, care staff, kitchen and domestic staff, the deputy manager and the registered manager. All staff we spoke with were positive about working at the home. They told us the morale within the home was very good and that staff worked well with one another. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager or deputy manager. One member of staff told us, "The manager is very helpful. I can talk to her. She is always willing to listen." Another member of staff said, "The manager is very supportive. I have no concerns."

Monthly staff meetings and daily handovers ensured staff were informed of changes occurring within the home. Care workers told us that they received up to date information and said communication was good in the home and they felt well informed of changes and developments.

The home had a system in place to obtain feedback about the level of care provided to people. This included a range of checks and audits carried out by management in various areas relating to care people received, maintenance and management of the home. Management carried out a range of monthly and quarterly audits in respect of care documentation, health and safety, safeguarding, medicines, complaints/compliments, infection control, activities, staff files and training. We saw evidence that management carried out regular observations around the home and these were documented. It was evident that where areas of improvement had been identified, the home had taken necessary action to improve as a result and this was documented.

We observed care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The CQC rating of the previous inspection was displayed as required in line with legislation. The service had notified us of incidents and other matters to do with the service when legally required to do so.