Rushcliffe Care Limited

Thornham Grove Care Home

Inspection report

137 Chapel Street
Ibstock
Leicestershire
LE67 6HG

Tel: 01530262573
Website: www.rushcliffecare.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 15 June 2016 and the visit was unannounced. At the last inspection on 14 November 2014 we asked the provider to take action to make improvements. We asked them to improve their practices in relation to obtaining people's consent to their care. Following that inspection the provider sent us an action plan detailing what improvements they were going to make. At this inspection we found the provider had made the required improvements and the regulations were being met.

Thornham Grove Care Home is a registered care service providing care for up to 34 older people. At the time of our inspection 33 people were using the service, some of whom had dementia. The service is on one level and split between four areas. Each area has its own lounge and dining areas. All bedrooms are single occupancy. There is also access to a garden area for people to use should they wish to.

The service had a registered manager. It is a requirement that the home has a registered manager. 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.

People felt safe and staff knew how to protect them from abuse and avoidable harm. People were supported to remain safe as the provider had carried out regular checks on the equipment they used and the premises.

The provider had managed risks that people were vulnerable to. For example, where people were at risk of skin damage this risk had been carefully considered with instructions for staff to follow when supporting people with their skin care needs. The registered manager had analysed accidents and incidents to look at ways to prevent them from reoccurring where possible.

People had mixed views on the staffing levels within the home. We found that staffing levels were adequate. The provider told us that they would look at ways for people to summon assistance when they were alone in the lounges. The provider recruited staff safely.

People's medicines were being handled safely. For example, staff received regular guidance on how to administer people's medicines.

People were supported by staff that had received regular training and support. The registered manager had regularly checked the competency of staff to undertake their roles.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and people's consent had been obtained wherever possible for their care and support. Where people may have lacked the capacity to make their own decisions, the provider had followed the requirements of the MCA. For example, mental capacity

assessments were in place.

People were satisfied with the food and drink offered to them. Where people required specialist support to maintain their health and well-being this had been requested and was in place.

People had mixed views about the caring approach of staff. We found staff to be supporting people in a kind way. For example, staff spent time with people when they were confused.

People's dignity and privacy was being respected by staff who knew, for example, how to keep their sensitive information secure and how to involve them in making decisions where possible.

People's preferences were known by staff. This included their communication needs and things that mattered to them. People were supported to maintain relationships with people that were important to them. Staff made visitors feel welcome.

Where people could, they had been involved in and contributed to the planning and reviewing of their care and support. Where this had not been possible, their relatives or representatives had been included. People had information about independent advocacy services to help them to speak up if they had required this support.

People's support plans were mainly focused on them as individuals and we saw that staff worked in a person-centred way with them.

The provider had considered the needs of people with dementia by making the home easier for people to find their way around. For example, different parts of the home were decorated differently and there were signs and photographs to aid people's orientation.

Some people had access to activities that they were interested in. An activities organiser had recently been recruited to help more people to undertake hobbies and interests that they enjoyed.

People and their relatives had opportunities to give feedback about the quality of the service. For example, questionnaires had been given to them in the last 12 months; the results of which had been displayed. People and their relatives knew how to make a complaint.

People and their relatives described the service as well-led. Staff were involved in the development of the service and the provider sought feedback of the quality of the service being provided. The registered manager took action where necessary following feedback received.

The registered manager was aware of their responsibilities and had arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on people's medicines and their care records had been undertaken.

Staff told us that they were supported and we saw that the provider had processes in place to make sure that this occurred. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

There was a shared vision of the service by the registered manager and staff members. This included respecting people's wishes and offering them choices in their daily lives.

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.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were enough staff to meet people's needs and the provider's recruitment processes were robust.

The provider had safe systems and processes for managing people's medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had received training and guidance.

People received support in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act and supported people to make decisions for themselves wherever possible.

People were satisfied with the food and drink offered to them and they were supported to maintain their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who showed kindness and compassion and respected their dignity and privacy.

People were involved in planning their care where possible.

People's preferences were known by staff.

Is the service responsive?

Good

The service was responsive.

People or their representatives had contributed to the review of their support needs. They mainly received support based on their preferences.

Some people were undertook hobbies and activities that they were interested in. The provider had made arrangements for more people to take part in activities.

People and their relatives knew how to make a complaint and had opportunities to offer feedback to the provider.

Is the service well-led?

Good

The service was well led.

Staff felt supported and knew their responsibilities.

There were opportunities for people, relatives and staff to give suggestions about how the service could improve.

The registered manager knew their responsibilities and they had monitored the quality of the service.

Thornham Grove Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 15 June 2016 and was unannounced. The inspection team included three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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. We also reviewed information that we held about the service. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of as required in law. We also contacted the local authority and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with nine people who used the service and four of their relatives. We also spoke with the registered manager, a senior manager within the organisation and four care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of three people who used the service and other documentation to see how the service was managed. This included checks on the quality of the service that the registered manager had undertaken, policies and procedures and health and safety records. We also viewed four staff files to check how the provider had recruited and the support in place for staff.

Good

Is the service safe?

Our findings

People felt safe with the support they received. One person told us, "I feel very safe here, the surroundings and the staff make me feel safe". Another said, "I feel safe because if anything was wrong the buzzer would go off". People told us they could speak with staff if they had any concerns about their safety. Relatives all felt that their family members were safe.

Staff members knew their responsibilities to keep people safe from abuse and avoidable harm. They were able to identify the different types of abuse and knew the correct procedure to take should they have needed to. This was because the provider had made available to them procedures for dealing with abuse and avoidable harm including a policy on safeguarding adults. We saw that staff had received training in keeping people safe and their knowledge had recently been checked by the registered manager. We also saw that appropriate action had been taken where necessary. For example, the registered manager had discussed safeguarding concerns with the local authority and provided information that had been requested. In these ways people received support to stay safe by a staff team who knew their responsibilities.

Risks to people's health and well-being had been regularly assessed and reviewed. One staff member described how a person regularly accessed the local community. They told us that the person was involved in managing the risk and that people were enabled to take positive risks to maintain their freedoms. We saw that risk assessments were in place giving instructions for staff about each identified risk and the action they should take to minimise them. For example, we saw that for one person they were at a high risk of skin damage as they were not able to move independently. We saw that there were instructions for staff to support the person to move position regularly. In these ways the provider had managed risks to people to keep them safe whilst involving them wherever possible to protect their freedoms.

Some people displayed behaviour that presented a risk to themselves and others. We saw that staff responded to these situations in an appropriate way. Staff were able to describe what might cause people to become anxious and how to diffuse situations. For example, staff described how they had used distraction techniques and knew the best way to approach and communicate with each individual. We also saw that behaviour plans were in place for staff to follow and staff knew about these. One staff member told us, "She can be anxious. Her sight is not good and she can hit out using her walking stick. We gently remove it when this happens. We can use hand on hand support with her". This was in line with a clear procedure for staff to follow.

The provider had plans in place to deal with emergency situations. We saw that people had up to date personal evacuation plans in their bedrooms. These detailed the support each person would need to evacuate in times of an emergency. The provider also had an emergency plan in place so that people would have continued to receive a service in the event of, for example, a fire or the loss of power. Staff told us, and records confirmed, that they had regularly practiced how to evacuate the building. In these ways people would have received support to keep safe if an emergency had occurred.

The provider was regularly checking the safety of the premises and equipment. For example, fire safety and routine maintenance checks had been carried out. This meant that people were being protected from unsafe equipment and from risks that could have occurred within their home.

Staff were able to describe what they would do in the event of an accident or incident and knew about the provider's accident policy. They told us how they would raise the alarm and that they would inform the registered manager. We saw that risk assessments and care plans were updated following a person having an accident or involved in an incident. We also saw that other action had been taken. For example, a person needed new slippers following a fall and we saw that they were wearing them. The registered manager had undertaken an audit of accidents and incidents and had taken action to reduce these where possible. For example, increasing observation times for one person which staff confirmed to be in place. This meant that people were supported to be safe by the registered manager analysing accidents and incidents. This had included a review of their systems, processes and practices to see what may have contributed to these.

People had mixed views on whether there were enough staff to support them. One person told us, "There are not enough staff to look after me. Sometimes they are short staffed, especially if someone is off sick". Other people and relatives felt there were enough staff. We saw that there were adequate staff present throughout the home and that staff sickness was being covered. We also saw that staff were usually quick to respond to people's requests for help or support. However, we did see that the lounges did not always have staff present in them. On one occasion a person spilled their drink whilst in a lounge and required assistance. Staff did not arrive until 15 minutes later. When we spoke with the registered manager about this they told us that they would look at a way for people to summon assistance when they were alone in a lounge such as a call bell.

Staff had been checked for their suitability to work with people before they started their employment. We saw that the provider had a recruitment policy in place that was followed. For example, two references had been obtained as well as undertaking Disclosure and Barring checks. The Disclosure and Barring Service (DBS) helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Records confirmed that these checks had been carried out and that the provider had safely considered information it had received on people's suitability. This meant that people were being supported by staff who had been appropriately verified.

People received their prescribed medicines when they needed them. One person told us, "I get my medication regularly and they do not miss me as far as I can remember". We observed a staff member supporting people to take their medicines. We saw that they followed national guidance on the safe handling and administration of people's medicines. For example, we saw that they washed their hands before offering people their medicines and stayed with them until they were sure they had taken it. Staff told us that they would report medicine errors to the registered manager and seek medical advice if necessary. This was in line with the provider's medicines policy that gave detailed guidance for staff on the safe administration of people's medicines. We also saw that people's medicines were being stored safely. People's medicine records were robust and had been completed thoroughly by staff. We saw that staff were trained in handling people's medicines and their on-going competency had been regularly checked by the registered manager. In these ways people could be sure that that their medicines were handled safely.

Good

Is the service effective?

Our findings

At our inspection on 14 November 2014 we found that where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

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

We saw that people were being supported to make their own decisions wherever possible. For example, we read in one person's care records, 'Explain all tasks to me in a simple, clear manner'. People or their representatives had signed their support plans to consent to the care being offered. We also saw that mental capacity assessments had taken place for individual decisions where this was deemed necessary. Examples of these included assessments to determine if people understood about their nutritional and financial support needs. Where people had been assessed as lacking capacity to make decisions, they had a representative in place to make decisions on their behalf. People's representatives had been part of best interest decisions where necessary.

Staff had received training in the MCA and had recently completed handbooks to check their knowledge. We saw that there was a list of people in a staff office who had current capacity assessments in place and we found that these had been reviewed every month. This meant that people were being supported in line with the MCA and their freedoms and rights were being protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff were able to describe who had a DoLS authorisation in place. We also saw that the outcomes of some of these authorisations had conditions that the provider must follow. For example, we saw for one person that the authorisation included the need for a person's care notes to detail how support was being provided. We found that staff had documented this robustly in the person's care records. This meant that the provider was taking the appropriate action when they had sought to deprive a person of their liberty.

People told us that they thought staff had the necessary skills and knowledge to offer them care and support. We saw that staff had received an induction when they had started to work for the provider. The

registered manager told us, and records confirmed, that new staff were undertaking the Care Certificate. This is an award that helps new staff to gain knowledge about how to support people effectively. Staff described how they had many opportunities to attend training and mandatory training was repeated every year. We saw that staff undertook regular training. This had included training in the areas of dementia, good nutrition and food safety. Staff also received annual competency checks and their practice had recently been observed. For example, staff had been checked in how they delivered care. We saw that staff met regularly with the registered manager for supervisions. These meetings enable staff to receive guidance and feedback on their work. Staff had received information during these meetings on, for example, changes to procedures. In these ways staff had received the necessary knowledge and guidance to provide effective support to people.

Staff had the skills to communicate effectively. For example, during the handover of staff from one shift to another, staff members gave clear information about the needs and wishes of the people they were supporting. We heard staff talk about people's changing needs in a knowledgeable way and staff offered ideas and solutions to the difficulties some people were currently experiencing. This meant that staff were able to carry out their roles and responsibilities in an effective way.

People were largely satisfied with the food and drink on offer. One person told us, "The food is very good". Another said, "The food is always clean and fresh and a variety. It is always well cooked". One person did not like the food but told us they could talk to the cook about alternatives. One person commented on the drinks offered. They told us, "We are offered hot and cold drinks often". We saw this when we visited. We also saw that food was served quickly, was hot and was well presented.

People were asked for their menu choices 24 hours in advance. We discussed this with the registered manager as this may not be suitable for people with dementia who may forget what they had chosen. The registered manager told us that the cook checked daily that people were still satisfied with their choices. They also told us that photographs were soon to be used to help people with their food choices.

Some people were at risk of malnutrition. A relative told us, "Before mum came here she had lost lots of weight. Now she has put weight on since being here, she is well looked after". We saw that care plans were in place to support people to eat well. For example, we saw that some people required a soft diet to help them to eat. Staff were able to describe people's dietary needs. We also saw that the food and drink people had consumed had been recorded where this was necessary to monitor their nutrition.

People had access to healthcare professionals when required. One person told us, "I feel that our health needs are being met as the doctor is called promptly if you need one. The dentist, optician and chiropodist comes also". Staff were able to describe people's healthcare needs and they told us, for example, who needed additional observations. We saw that people's care records had documented that specialist referrals had been made where necessary. For example, we saw that a dietician had been contacted where there were concerns about a person's health. We also saw that staff had usually recorded in people's care records when they had visited their GP and what the outcome of the appointment was. One person's health records were not always clear. For example, when this person's GP had been contacted and there had been a change to their medicines, this had not been clearly recorded in their care records. The registered manager told us that they would review the person's notes to make sure that they were up to date and reflected any current changes.

Good

Is the service caring?

Our findings

People had mixed views about whether staff offered kind and compassionate care. One person told us, "If you need to be looked after, you would never find anywhere better". Another said, "Some carers couldn't care less". Another told us, "This home looked after my mother and sister. They looked after them well here, they were quite caring that is why I chose here. I thought that they were very caring and they are meeting my expectations. I have also been allowed to bring in some of my things from home to make it homelier". We saw staff speaking with people in a caring manner. For example, people were asked if they required any help or support throughout the day and staff spoke in a gentle and reassuring way. Staff showed they were listening to people's concerns or questions by taking the action necessary. For example, one person requested information on what was happening as they were confused. A staff member sat with the person and took their time to help the person understand that it was lunchtime and repeated this several times. We also saw that people enjoyed their mealtimes. We saw and heard them singing and talking to each other and with staff in a friendly way. We also saw that one person was supported to eat their meal by a staff member at a pace they were happy and comfortable with. We found staff to be kind and cared about the people they supported.

People's dignity and privacy was being respected. A person told us, "I am treated with respect and they make sure that the door is closed and the curtains especially if I am not cared for in the bathroom". A relative said, "Mum is always clean and well-presented and has her hair done once per week". We saw that staff made sure that people had their equipment to help them to eat and drink as well as offering clothes protectors during mealtimes. Staff were reminded about how to promote people's dignity and privacy. There were 'Dignity bricks' on the wall with key reminder for staff. We also saw that people had on their bedroom doors their preferences for whether they wanted their door left open or closed.

Staff knew about the people they were supporting. They spoke about people in a person-centred way and were focused on them as individuals. We saw that one person required support to aid their understanding. Their care records showed that they needed staff members to speak clearly into their ear and to give them time to understand what was being said. We saw a staff member doing this in a kind and gentle way by gently touching their hand to gain their attention and then following the person's communication guidelines. We heard staff talk about people in kind ways. For example, we heard staff share information about the activities people had undertaken and enjoyed and how they preferred to spend their time.

People were involved in decisions about their care where they could be. One person told us, "I have been involved in my care plan and it is reviewed. I am happy with it". We saw in people's care records that staff were prompted to help them to be able to participate in decisions about their care. For example, by using different communication methods to help people understand about their choices. Where this was not possible, their representatives had been involved and this had been recorded in people's care records. Where people may have required additional support to make decisions, we found that advocacy information had been made available to them. An advocate is a trained professional that can help people to speak up. We saw that advocacy information was being displayed in the reception area of the home and gave details of agencies that could help people if required.

People were being supported to be as independent as they wanted to be. One person told us, "Here I am supported to be independent". We saw that people were supported to carry out everyday tasks such as washing the pots after mealtimes. We also saw that people were being encouraged to do tasks for themselves such as choosing their own clothes and deciding how to spend their time. This meant that people were being encouraged to retain their skills.

People's relatives could visit without undue restriction. One person told us, "Family can visit at any time but are asked to respect mealtimes". Another said, "My daughter travels from Kent, she is allowed to come in anytime she arrives. Visitors can make themselves a cup of tea or coffee when they want". On the day of our visit we saw that visitors were made to feel welcome and were able to access the communal parts of the home to spend time with their family members.

People's privacy was being respected by staff who understood how to maintain their confidentiality. For example, we saw that people's care records were handled carefully and locked in cupboards when not in use by staff. We saw that there were data protection and confidentiality policies in place that were available to staff. Staff were working to these policies and we saw them sharing information about people in a sensitive and discreet way.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person said, "If I press the buzzer staff would pop their head to say if they are busy and would come back". Another told us, "There is always staff around at night, I am awake sometimes until 2am. Staff would bring me a cup of tea if I press my buzzer, it is not too much trouble". People confirmed that they chose when to retire to bed and when to get up in the morning. We saw a person in their room who pressed their call bell. A staff member promptly came and told them that they were supporting someone else and they would be back soon. The staff member spoke with the person quietly and with respect and did return within a reasonable time. We found that people's care records had been updated daily about the care and support they had received and when it had been refused. This meant that people received care and support based on their needs and wishes.

People, or their representatives, had contributed to the assessment and planning of their care where they were able to. We saw that people had 'Getting to know you' documents within their care records. These had been developed with people or their family members. These detailed, for example, people's religion, their previous employment and interests. We saw a statement in one person's care records showing their contribution to their assessment. It read, 'I like to look clean and smart'. We also saw that the provider had a wall of people's wishes documented that had been written next to dandelions showing their aspirations. For example, we read about people's wishes to see their families more often. In these ways people had contributed, sometimes creatively, to their assessments and planning of their care.

People's needs were being reviewed every month or when their needs had changed. Relatives confirmed that their family members' care plans had been reviewed and they had been included in the review process. We saw that staff passed information to each other throughout the day about people's changing needs and preferences including people's requests for support to, for example, spend time in their bedroom or to take part in activities. This meant that staff had up to date information available to them about people's care needs and were able to offer responsive support based on this.

People's care plans were mainly person-centred and focused on them as individuals. We saw information in people's care plans that guided staff about people's preferences and choices such as what they liked to eat and whether they preferred a bath or a shower. One person had recently moved into their home and we found their care records were sometimes contradictory. For example, one part of their care plan said that they did not need a hearing aid whilst another part said they refused to wear it. The registered manager told us that they would review this person's care plan to make sure that it was up to date with the right information. Staff worked in a person-centred way. For example, we read in a person's care records that, '[Person's name] was happy to receive a hand massage'. We saw that staff spent time talking with people and care provided was sensitive to people's needs. This meant that people largely received support based on their preferences and in a person-centred way.

The provider had made adjustments to the environment to aid people's orientation around the home. We saw that people had photographs on their doors and that different areas of the home had different themes. For example, one area was called 'on the beach' and was themed around the seaside. We also saw that

there were photos of days gone by to support people to reminisce and talk about things that may have been important to them such as events and places. There were stars that lit up at night on ceilings to aid people's understanding that it was night time. Some people's rooms were personalised with furniture from their own homes to help them feel at home and we saw lots of family photographs. This approach is based on research and recognised good practice when supporting people with dementia and memory difficulties.

People were supported to follow their interests and take part in activities that they enjoyed. One person told us, "I enjoy sport. The staff would buy me a newspaper on Saturday which has in the television programmes for the whole week. They always help me to select my sporting channel if I need the help". Other people said that there were plenty of activities to take part in if they wanted to. We saw that there were lots of activities happening on the day of our visit. For example, we saw people playing scrabble and some were singing with staff. These had been recorded in some people's care records as being important to them. However, during our observations over the whole day, we saw that some people were not involved in any activity. The registered manager told us that a new activities organiser had recently been employed for five hours per day. The activities organiser told us they were in the process of finding out what people liked to do. We also saw that there was information about forthcoming activities that staff had arranged. This meant that people had access to, or the home were planning, activities that were based on their likes and interests.

People and their relatives knew how to make a complaint should they have needed to. One relative told us, "I know how to complain if there was anything which we were not happy with". Where people or their relatives had made a complaint they received responses that they were satisfied with. One person said, "I only had to complain once, it was to do with the food. They dealt with it promptly". We saw that the complaints procedure was available for people and visitors in the reception area. The registered manager told us that they had received three complaints in the last twelve months. We saw that they had taken action in line with the provider's complaints procedure. An example included contacting the local authority's safeguarding team where they received a complaint about a person's care. This meant that the provider had taken appropriate action when complaints had been received.

People and their relatives had opportunities to give feedback to the provider about the care offered. We saw that in the last 12 months they had been provided with a questionnaire. We read many positive comments that people and their relatives had fed back to the provider such as their satisfaction with the food and environment. We saw that where comments had suggested improvements, these had been displayed within the home. We saw a 'You said, we did' board. For example, feedback had included that the staff seemed "Stretched" at times. The provider responded by saying there were reviewing staffing levels. This meant that the provider listened and took action following feedback received.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the home and the service they had received. One person told us, "I could never praise the staff or the home enough. I have never regretted the decision to come here ever". Some people were not sure who the registered manager was but largely spoke well of the whole staff team. All of the people we spoke with said that they would recommend the home.

People attended regular residents meetings. They had opportunities within these meetings to give feedback to the provider. We saw that feedback had been received on the care and food offered and action had been taken where necessary. We also saw that comment cards were displayed in the foyer to seek feedback from people and visitors. Areas covered included seeking feedback on the care people received, staff and meals. In this way the provider had enabled people and visitors to give feedback on their experiences of care.

Staff told us that the registered manager was approachable, accessible and could speak with them about any concerns. They were confident that the registered manager would, "Do the right thing" and take appropriate action where needed. We saw the registered manager completing a daily walk around to make sure staff received the support and guidance they required. We saw that the registered manager questioned staff about the support they were offering to people in a way that was motivating. For example, we heard the registered manager speaking to staff about ideas for how to further improve activities for people to access. We saw records showing that a daily walk around occurred every day and that action had been taken to improve the service offered. For example, we saw that the registered manager had checked the cleanliness of the home and arranged for napkins to be ordered to meet people's dignity needs. We also saw that people and their relatives were invited to a weekly meeting with the registered manager. There was a poster displayed in key parts of the home informing people and their relatives of this. In these ways the registered manager had made themselves available to gain feedback on the service.

Staff told us that they could give ideas for improvement to the registered manager. For example, one staff member said that they had suggested blinds in the conservatory area to improve the environment. They told us that this had been actioned by the provider.

The registered manager had met regularly with staff members to give feedback on their work. For example, we saw that staff had individual meeting with the registered manager and also team meetings. Staff told us that the registered manager offered them ideas for how they could improve their practice and made sure they were aware of key policies such as safeguarding. Staff also told us that they were given opportunities to speak about any concerns and ask for additional training and support.

Staff knew what to do if they had concerns about a colleagues' working practices. They had access to the provider's whistleblowing procedure. This had also been made available to people and visitors by being displayed in a booklet available for them to take away. This detailed how staff could raise a concern and how the provider would respond. It detailed other agencies staff could whistleblow to including the Care Quality Commission (CQC). We saw that the provider had made a range of policies and procedures available to staff members for them to follow. We asked staff members about some of these and they were able to

describe them. In these ways staff had been made aware of their responsibilities.

Staff were able to describe the aims and objectives of the service. They described how they strove to respect people's wishes and to place them at the centre of the care they offered. This was in line with the provider's statement of purpose which set out what people could expect to achieve. We saw that the aims and objectives and mission statement of the service were displayed so that people's relatives and visitors also had information about what the service sought to achieve. This meant that the service was open and working towards goals that had been shared.

The registered manager was aware of their responsibilities. We saw that the relevant notifications had been made to the local authority and CQC. These included where people had been involved in a significant incident or where someone had died.

The provider had recognition schemes to acknowledge the good practice of staff. We saw that there was an awards programme led by the provider as well as the home's own recognition scheme. Staff spoke positively about these and told us that it was nice to be recognised for pieces of work they had undertaken or for their hard work.

The provider had quality checking processes in place. We saw that regular audits had occurred. For example, we saw checks in the areas of people's equipment, their support plans and medicines. Regular checks on the general environment, health and safety and the kitchen had also occurred. Where actions had been identified by the provider, we saw that these had taken place. For example, following an environmental audit it had been identified that redecoration was required. We saw this to have taken place during our visit. We also saw that the service had received a visit from a senior manager within the organisation. They had undertaken a thorough check of the home and had given the registered manager an action plan to follow. We saw that the issues highlighted had been or were being implemented. This meant that the provider used its checks effectively to look at ways of improving the quality of care for people.