

The Chace Rest Home Limited

The Chace Rest Home

Inspection report

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Date of inspection visit:
06 September 2016
07 September 2016

Date of publication:
21 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The Chace Rest Home provides accommodation and personal care for a maximum of 41 older people. On the day of our inspection there were 38 people living at the home.

The inspection took place on the 6 and 7 September 2016 and was unannounced.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

We carried out an unannounced comprehensive inspection of this service on 19 and 22 February 2016 when we found that they were in breach of the law because they were not managing medication safely. The provider wrote to us to say what they would do to make the necessary improvements. At this inspection we saw that the actions required had been completed and the regulations were now met. However we saw that further improvements were needed in the safe storage of medicines to ensure people had their medicines safely. For example, keys for medicine cupboards needed to be accessed by staff responsible for administering medicines. Also temperatures needed to be monitored to ensure medicines were kept within manufacturer's guidelines.

People said they were happy with the support that staff provided. They told us staff were caring and helped them stay independent. People told us they were able to maintain important relationships with family and friends. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. People we spoke with said there were regular delays in when they received their meals, and we saw one meal time where delays occurred in people getting their meal. Medicines were administered in a safe way; however we found there were improvements needed in how medicines were stored. People told us they had access to health professionals as soon as they were needed.

Three relatives we spoke with said they felt included in planning the support their relative received and were always kept up to date with any concerns. People living at the home were able to see their friends and relatives as they wanted. People and their relatives knew how to raise complaints and felt confident to do so when they needed to. The registered manager had arrangements in place to ensure people were listened to and action would be taken if required.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well and took people's preferences into account and respected them.

Staff had the knowledge and training to support people. Staff were aware of the need to ensure people agreed to the support they received. They listened to people's choices and supported them when needed with decisions.

The registered manager and staff had a culture of focussing on people as individuals. People who lived at the home and staff were encouraged to be involved in regular meetings to share their views about the quality of the service.

The provider and registered manager had systems in place to monitor how the service was provided. However further improvements were needed with the monitoring of the safety of the environment, storing medicines and supporting people with consistent quality care. Newly implemented processes needed to be embedded to sustain and continue the progress with delivering quality care.

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 were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who were trained. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

People were involved in how their care was provided. Staff were caring and treated people with dignity and respect. People were supported to maintain important relationships.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make everyday choices and engage in past times they enjoyed. People were regularly asked for their opinion on how they were supported. People and their relatives knew how to raise concerns if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People did not receive consistent quality care. The registered manager was working on improvements with medicines and ensuring people received quality care. These had not been fully completed or sustained. There was a culture of person centred care however quality care was not delivered consistently.

The Chace 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 6 and 7 September 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and a specialist advisor who had expertise in Dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with nine people who lived at the home, and six relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, two senior care staff, the service co-ordinator, the activities co-ordinator and five staff. We also spoke to the provider and a foot health practitioner who regularly supported people living at the home. We looked at four records about people's care and 19 medicine records. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

At our last inspection we found that arrangements for ensuring people had their medicines administered and stored in a safe way were not in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and send us an action plan explaining how they would make these improvements.

At this inspection we found improvements had been made. For example we saw staff administering medicines routinely washed their hands and used a fresh medicine pot for each person. This was important for people's safety to prevent cross infections.

Two people we spoke with told us they had their medicines on time and were happy with staff supporting them to take their medicines. One person said, "I ring my buzzer when I wake up so they know I am ready for my medicines." Another person explained how staff would get them pain relief if they needed it. Four relatives told us they were confident their family members received the support they needed with their medicines. We saw staff supported people to take their medicines; they explained what the medicines were for and sought consent before they administered them. Staff told us they were trained to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. There were suitable disposal arrangements for medicines. We saw that the local pharmacy regularly checked how medicines were administered and were happy staff were following safe practice.

People told us there were usually enough staff to support them when needed. One relative told us they visited regularly at different times of the day and at weekends and there were consistently sufficient staff on duty. A further two relatives said there were always plenty of staff around and their family members were safe. A further three relatives told us their experience was inconsistent because there were not always enough staff on duty or they were not deployed effectively. One of these relatives said, "There is not always enough staff about and things frequently seem to be disorganised." Two relatives said that there was frequently a lack of staff because staff would not arrive at short notice. Staff told us there were usually enough staff on duty to support people living at the home. One staff member said, "We are busy in the morning but have much more time in the afternoon to chat and play games with people." We saw people and staff chatting in the afternoon. We found there was usually enough staff on duty however they were not always deployed effectively to ensure consistent quality care. We spoke with the registered manager and she explained she was working with staff to improve the consistency of care delivered to people living at the home.

All the people we spoke with said they felt safe. One person said, "When I need a shower, they [staff] support me and keep me safe." Another person told us staff knew them well and how that helped them feel safe. We saw many positive conversations between staff and people living at the home.

Three relatives we spoke with said their family members were safe and happy at the home. One relative told us, "We always see good care and my [family member] is happy, we would know if there was a problem." Another relative said their family member was supported by good staff in a safe way.

We spoke with staff about what actions they took to ensure people were protected from abuse. They explained that they would report any concerns to the registered manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. The registered manager was aware of their responsibilities and knew how to report any concerns to the correct authority in a timely way. Staff said they knew the people that lived at the home and their families really well. They told us they were confident that they would know if a person was distressed or worried about anything. One member of staff said, "We know all the people living here really well, we can quickly see if there is a problem." There were procedures in place to support staff to appropriately report any concerns about people's safety.

We observed staff receiving information about the people who lived at the home at the start of each shift. Staff told us this supported them to be aware of any current concerns about each person's health and wellbeing. Staff said sharing information with their colleagues at handovers contributed to the safe care of people living at the home. Staff told us immediate concerns would be discussed and they would take action straight away. The registered manager showed us that their electronic care planning system gave reminders and information to staff every-time they went on the system. Staff we spoke with said this ensured information was communicated to everybody effectively and supported them to care for people safely.

People had their needs assessed and risks identified. Staff were aware of these risks and the registered manager kept them under review. For example, we saw one person had their weight monitored because they were at risk of not eating enough to stay healthy. Staff were clear about what their role was in supporting the person to manage this risk and we saw the person was maintaining their weight in a safe way. We saw there were useful person centred prompts for staff to support them to manage this person's risk.

The registered manager told us staffing levels were determined by the level of support needed by people living at the home. She explained that when needed she arranged support from regular agency staff to ensure appropriate numbers of staff were available. Staff told us of occasions when additional staffing had been arranged, for example, when people living at the required additional support if they were unwell.

We spoke with a new member of staff and they said they had completed an application form and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said about staff, "They know what they are doing; I see them help others when they need it." Four relatives we spoke with said staff knew how to support for their family member. One relative said, "They really get how to work with people living with dementia, they understand and the manager is inspirational."

We saw people were supported by staff that received regular training and knew how to meet people's needs. The staff we spoke with were able to explain how their training increased their knowledge and improved their practice. For example, a member of staff told us how their training about dementia had increased their knowledge and understanding to better support people living with dementia.

Staff told us their working practices were assessed to ensure they were competent to provide effective care, for example supporting people to mobilise. One member of staff explained how they had attended workshops held by the registered manager that had covered specific support for certain types of dementia. They went on to say how useful this was and that the registered manager would be providing more workshops for new staff. Staff said they were supported to achieve their job related qualifications and they valued this opportunity. Staff we spoke with said their mandatory training was up to date, and they had the skills to effectively support people who lived at the home. Staff we spoke with said they had received training about the Mental Capacity Act 2005 (MCA) and had an understanding of how it impacted on people living at the home.

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

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. They had undertaken capacity assessments when they were needed and we saw that the applications were individual to each person living at the home. The registered manager had sought support from relevant professionals when needed. We saw family and health care professionals were involved with this assessment. However, the registered manager lacked some understanding around best interest decisions and what people could legally make decisions about on behalf of people living at the home. We saw that one person's relative had been asked to make a decision where they did not have the legal authority to do so. However the decision was in the person's best interest and relatives had clearly been involved. The registered manager said she would seek further guidance to ensure she fully understood the legal requirements.

Staff explained they understood the importance of ensuring people agreed to the care and support they provided. One member of staff told us, "We check with whoever we are helping, we never just do to people." We saw they worked with people and supported them to make decisions for themselves about how they were supported.

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 hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. The registered manager had submitted applications for DoLS as they were required and reviewed them when necessary.

All the people we spoke with said they had choice about the food they ate and the food was good. One person told us, "The food is lovely." Another said, "The food is good and varied." We saw people were shown small plated up meals to support their ability to make decisions.

On the first day of our inspection the meal at lunch time were delayed by over an hour. We saw people were sat waiting for meals and some people got up and left the table where they were sitting. We saw a member of staff share their own sandwiches with one person because they were hungry. Two people said this was not a regular occurrence; however another person said preference was given to people eating in their rooms and people in the dining rooms had to wait regularly to receive their meals. On the second day of our inspection we saw that people had their meals in a more timely way. We saw people were not provided with condiments on either day of our inspection to enable them to season their meal the way they liked.

Relatives we spoke with said the food was very good. One relative told us, "Food is always good." Another relative explained how their family member had put on weight since moving to the home and their well-being had improved. Two further relatives said the meal time experience was often chaotic. We spoke with the registered manager and she explained that she focussed on people as an individual and this meant that meal times were not structured and instead were fitted around people which could at times look disorganised.

We spoke with the registered manager and they explained there had been a delay on the first day of our inspection because of local road works delaying the delivery of fresh produce. They also said condiments should have been provided for people and she would ensure they were available in the future.

We saw when extra support was needed staff provided this in a discreet way, promoting people's independence as much as possible. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP and their dentist and optician when they needed to. One person said, "They called the doctor for me yesterday." Four relatives told us their family member received the appropriate support from health care professionals and they were kept up to date. One relative said, "They always let me know if there are any worries about [family member's] health." Staff we spoke with told us how important it was to monitor the health of each person. The foot health practitioner we spoke with told us that staff always let them know if people needed their support. They also explained that they were confident that staff followed their advice and took the appropriate action.

Is the service caring?

Our findings

At our last inspection we found that improvements were needed in how people's right to confidential records was protected, and staff practices which did not reflect caring and dignity approaches. At this inspection we looked at what improvements had been made.

We found the registered manager had put in place new electronic care records that were password protected therefore people's right to confidentiality had improved. The system was new to staff and was still under review. The registered manager said she was fine tuning the electronic system to ensure it was suitable. She was working with staff to ensure they did not spend time on the computer to the detriment of supporting people. One member of staff explained how they completed their records whilst they worked with people living at the home. They said people enjoyed finding out about the technology.

We looked at how staff supported people to reflect caring and dignity approaches. All the people told us staff were caring and kind. One person said, "Very homely, always been home here because everyone is so kind." Another person told us about staff, "They are so patient." A further person said, "I can't praise the staff highly enough." We saw many caring conversations between staff and people living at the home.

All the relatives we spoke with said staff were caring and kind. One relative said, "Most of the staff are amazing, so kind and caring." Another relative told us, "Staff here really care, they are always welcoming." A further relative said, "There is a real homely feel here, I really notice how all the staff treat people as real individuals."

We spoke with the registered manager about what improvements she had made. She explained how she had changed how staff supported people and instead of staff being allocated to work in an area of the home, they now had responsibility for supporting specific people. Each member of staff was responsible for meeting all the care needs for these people. For example, they would support people with getting up, their medicines and breakfast to ensure all their needs were met. We asked staff if they thought this system was effective and all the staff we spoke with said they thought it was a much better system. The registered manager said she would be meeting with staff to evaluate the effectiveness of the new way of allocating staff and the new electronic system.

We noticed staff engaged with people in a friendly and understanding manner. For example, we saw one member of staff sitting outside in the garden with one person singing songs; we saw the person was enjoying the experience. We saw other staff members involved in a 'residents meeting' which encouraged people to have their say about the service. We spoke with one member of staff who explained how they had changed how they arranged the meetings because they had not been well attended previously. They now held them after a popular exercise class and more people had become involved with them.

People told us they had choice in how they were supported by staff. They said staff knew them well. One person told us, "I choose when I get up, what I want to eat and when I go to bed." Another person said, "I can do what I like, I prefer to stay in my room and I am happy with that choice." We saw staff promote people's

independence, and respond to each person with knowledge of them as an individual. For example people chose where they ate their meals, there were two dining rooms and a lounge and we saw people were able to eat in any of these areas or their own rooms.

We heard staff calling people by the names they preferred. People told us they were supported with their choices in how they looked. One member of staff explained how they offered a selection of clothes to one person to support their choice. We saw that people's rooms were personalised. One person explained how this helped them feel more at home.

People told us they were treated with dignity and respect. One person said "I am always treated with dignity, I feel confident with all the regular staff." One relative we spoke with told us, " People always seem clean and cared for, if anyone has an accident it is always dealt with quickly and with the minimum of fuss so there is no lack of dignity." Staff said maintaining people's dignity was very important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and really listened to what people wanted. One member of staff told us how important they thought it was to cover people whilst they were supporting them with their personal care to protect their dignity. They explained their understanding about how people may feel vulnerable when not fully clothed.

Is the service responsive?

Our findings

At our last inspection we found that improvements were needed with how people experienced support with their meals and what meaningful activities were available to people living at the home.

We found there were sufficient staff to support people during their meals. We spoke with the registered manager about what improvements she had made to ensure people were supported effectively. She said the new system of allocating staff ensured staff knew people well and supported them as individuals. The registered manager said she would review how people were supported to provide a consistent experience.

People we spoke with said they had interesting things to do during the day. Two people explained that they enjoyed the regular singing and keep fit sessions. People told us they chose what they wanted to do and there was enough entertainment for them. One person said, "I come and go as I please, I can go out into the garden for fresh air." Another person told us, "We had an interesting person come and give us a talk, I really enjoyed it." One relative said, "There is lots of entertainment, always something interesting going on."

One person living at the home explained how they liked to drink a lot of cold drinks. They went on to say how the registered manager had provided a fridge for their room so they could have drinks when they wanted to. Another person told us how staff listened when they made suggestions and said, "Staff do their best." For example, moving the residents meeting so more people were encouraged to attend. A further person told us how the registered manager had arranged to have their door locked to help them feel more secure. This was a special lock which from the outside was locked but the person inside could open the door at any time.

One relative explained how the staff had supported their family member when they had first arrived at the home. They went on to say how staff sat with their family member when they didn't settle at night until they felt comfortable at the home.

People told us they were involved in their care planning. One person said, "I can say what I need help with, and we do it together." Another person explained they were happy with how they were supported and didn't need anything changed. Three relatives we spoke with told us they were included in their family members care. One relative said, "I am included in any reviews, I catch up with staff and we go through what's been happening every time I visit." Another relative told us, "I am always welcome here; everyone has a really good attitude."

We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff told us they shared with each other additional information on how people liked to be supported. The registered manager was reviewing the care plans to ensure that this additional information was consistently recorded in people's care records to ensure any new members of staff were aware.

We saw that a full assessment was completed before people arrived at the home to ensure they could meet

people's needs. We saw staff were familiar with people's likes and dislikes. For example, we saw a member of staff spend time reassuring one person that their relative would be visiting later that day, the member of staff knew all about their relative and the person was reassured by the conversation.

We saw people were able to have breakfast later in the morning if they wanted. Staff told us it was up to the person to decide when they wanted to get up. One person said, "I always feel special." One relative told us, "It's a real home from home, so warm and friendly."

People said they would speak to staff or the registered manager about any concerns. One person said, "I am very happy with everything, I would say if I had any problems, but I don't." Another person told us, "If I have any concerns I speak to the people in the office."

Three relatives told us they were happy to raise any concerns with either the registered manager or staff. However two further relatives said that the registered manager could be defensive if they raised concerns. They went onto say that this made communication difficult at times. We spoke with the registered manager and she said she was open and professional when people and their families raised concerns. We saw how complaints were investigated and actioned and any learning carried forward to improve support for people living at the home. We saw there were complaints procedures available for people and their relatives.

Is the service well-led?

Our findings

At our last inspection we found that improvements were needed with the systems in place to monitor the quality of the service. Records to monitor people's well-being had not been regularly completed. We saw this area had improved. The registered manager had put in place electronic records which notified her if there were missing records and supported her to monitor records effectively. This system was still being embedded at the time of our inspection. The registered manager was keeping it under review and working with staff to improve how they recorded information.

However we found there were further improvements to be made.

We found there were examples of inconsistent care for people living at the home. We saw people were not supported in a consistent way. For example, on the first day of our inspection in the morning we saw one person calling for help outside for twenty five minutes, until one of the inspection team alerted staff, who quickly responded. We spoke with the registered manager and she explained that she had changed the system for allocating work for staff and this was still under review. We saw this system was not consistently effective to ensure people had the support they needed.

We also saw there delays in people receiving the lunch time meal for people living at the home, there appeared a lack of organisation when there were external influences. We saw this was because of a lack of management influence and the deployment of staff. Two people we spoke with told us that mealtimes were frequently disorganised and they had to wait for meals. They also said the staff were often too busy to chat because some people living at the home needed constant attention. One person we spoke with said, "Staff are always busy, but they are around if I need help." We saw the deploying and monitoring staff was not consistently effective.

We looked at suitable storage of medicines and found that keys were not held in a secure way to ensure only staff who trained to administer medicines had access to them. They were locked away; however other staff who were not administering medicines had access to them. We discussed this with the registered manager and before we finished the inspection a safer system was put in place.

We looked at medicines that were prescribed as 'when needed.' We found that protocols to guide staff about when to administer these were not always in place. We spoke with the registered manager and she explained that they had a new electronic system and she was still monitoring its effectiveness. She said the protocols had been entered onto the system but had not carried over to the change of cycle. We spoke with two staff and they confirmed they were aware of the protocols and they had been on the system. They also said they had good knowledge of the protocols and knew when to administer the medicines. The registered manager said she would take immediate steps to ensure the system was effectively updated.

The registered manager had not kept up to date with current safety requirements about the use of one piece of equipment to support people. We found that there was a risk assessment in place for one person that was incorrect. The risk assessment stated there was a piece of equipment in place to keep the person safe. However we found this was not the case. We spoke with the registered manager and they reassessed the

risk to ensure people were supported in a safe way. She identified this person did not need the piece of equipment and also ensured the equipment was available at the home in case anyone did require it in the future. However we found that risk assessments were not always correct and did not ensure current health and safety guidance was implemented.

We found systems in place to monitor the cleanliness of the home were not effective. We showed the registered manager and she agreed that some bathrooms needed a deep clean. She assured us she would take immediate action to resolve this. We also saw the systems in place to monitor the safety of the environment were not effective. For example there were areas in the garden and on the path that had leaves on them. During our inspection we saw people chose to move around the building and gardens as they wished, however this meant that some people were at higher risk of falls because there were areas of slippery leaves left on the path that people were walking on. The environment was not consistently monitored to ensure the area was safe. We saw people regularly walked around the garden. We showed the registered manager and she agreed that people were at risk because of the leaves on the pathway, and she would speak with the provider to ensure there was a safer environment for people to walk in. There were not regular checks in place to ensure all areas were clean and safe for people to use.

We found the systems in place to monitor the storage of medicines were not effective. We found temperature records to ensure medicines were kept within the manufacturers guidelines were not monitored to ensure they were regularly completed. Medicines held in people's bedrooms were not regularly monitored to ensure they were kept within the recommended temperature guidelines. The registered manager said she would review how medicines were stored to ensure they were kept in a safe way. Our pharmacy inspector advised that medicines can become unsafe to use if they are not kept within manufacturers guidelines. The registered manager agreed to seek further advice to ensure medicines were kept safely and people were not put at risk.

The registered manager acknowledged there were areas for improvement and was working with the provider to achieve these. For example the new allocation system for staff and medicine improvements. However at the time of our inspection there were areas that required improvement, and changes that had been put in place needed time to embed properly and showed some sustained improvements.

People we spoke with knew the registered manager and we saw people enjoyed talking to her. One person said, "The manager is lovely, she is so kind." Three relatives told us they were confident with the registered manager and staff at the home. One relative said, "It's absolutely wonderful, the manager is so open and honest."

The registered manager knew all of the people who lived at the home well. She had a clear understanding of her role to lead by example and direct staff to provide care centred around each person as an individual. Staff told us they had defined roles and responsibilities and worked as part of a team. They said the registered manager would help out when they needed support, for example sharing her knowledge about supporting people living with dementia. The registered manager was passionate about ensuring people were supported as individuals. For example we saw people were supported with their medicines in a way that they had control about when they received them. This meant that there were not medicine rounds at set times of the day, it was dependent when the person woke up and staff would work forward from that.

Staff told us the registered manager was available when they needed to speak to them. Staff also said they would raise any concerns with the registered manager. They said they felt listened to and if they had an idea they could share it with the registered manager and she would listen. For example, one member of staff explained how the registered manager had asked them for feedback about how the new allocation system

was working.

Staff told us there were staff meetings that ensured they received the information they needed and they were given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had support with their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the registered manager and the management team. One member of staff we spoke with said, "We all work as a team." Another staff member said, "I love it here there's a real family feel."

The registered manager completed regular audits to monitor how care was provided. For example, the registered manager had an overview of accidents and incidents to ensure that concerns were identified and investigated. We saw that the registered manager had identified strategies for one person who had regular falls. They had discussed this with the family and staff and introduced new ways of supporting the person which the staff implemented and the amount of falls had reduced.