Runwood Homes Limited

Westwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection was carried out on 23 and 24 August 2017. Westwood Care Home is run and managed by Runwood Homes Ltd. The service provides accommodation and personal care for up to 78 older people including people living with dementia. On the day of our inspection 67 people were using the service, which is split into four units over two floors.

The service had a registered manager in place at the time of our inspection but they were unavailable during our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 30 and 31 August 2016 we found the provider was in breach of one Regulation of the Health and Social Care Act 2008. This was in relation to the staffing levels and the staff skill mix and experience. The provider sent us an action plan detailing what action they would take to become compliant with this regulation. At this inspection we found the provider
had taken action and this breach in regulation had been met. Whilst we concluded staffing levels on the day of our inspection was appropriate and improvements had been made, we asked the provider's operations director to further review the deployment of staff to ensure this was fully effective.

Some people told us they felt unsafe at night due to other people entering their room uninvited. Staff had received safeguarding training and had information available about the action required to respond to any safeguarding incidents or concerns.

Risk assessments associated with people's needs were either missing or lacked detail in places. The health and safety of the environment had been assessed. Whilst people had personal evacuation plans used to inform staff of their support needs, these lacked specific detail that staff would require to support people safely and effectively.

Medicines were found to be managed and stored appropriately, but records used to inform staff of people's needs associated with their prescribed medicines lacked detail in places. The action required when people received their medicines covertly in food, had not been fully followed.

Not all people felt staff understood their needs, and an example of this was observed during the inspection.

Staff received an induction and ongoing training and development. Some staff felt they would benefit from further training in how to effectively support people at periods of heightened anxiety that affected their mood and behaviour.

Staff gained people's consent before providing care and support. The principles of the Mental Capacity Act

(2005) and Deprivation of Liberty Safeguards were understood and applied. Where people communicated their anxieties and needs through behaviour that was challenging at times, staff had limited instruction and guidance to support them.

People's nutritional needs had been assessed and planned for and people received a choice of meals. Some concerns were raised by people who used the service about the availability of suppertime snacks. Positive feedback was received from external healthcare professionals about how people's health needs were monitored and managed. However, a relative raised a concern about how health needs were met. During the second day of the inspection concerns were identified about the lack of action initially taken by a member of staff in response to a person experiencing pain and discomfort.

Staff were kind and caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy and independence. Information about an independent advocacy service was available for people should this support have been required.

People and or their representatives where appropriate, were involved in the assessment and review of their needs. Care plans informed staff how to support people and were on the whole personalised to people's needs, routines and preferences. Activity staff provided a range of one to one and social activities and opportunities, to support people with any interest's hobbies and pastimes. People and staff knew how to raise concerns and these were dealt with appropriately.

People who used the service and relatives or representatives, were given opportunities to share their experience of the service. Quality assurance systems were in place to regularly review the quality and safety of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks associated with people's needs were either missing or lacked detail in places.

Information to inform staff how to administer people's prescribed medicines lacked detail in places.

Not all people felt safe at night due to other people going into their rooms uninvited. Staff had received safeguarding training.

Improvements had been made with the staffing levels and staff skill mix. Action was required to review the deployment of staff. Safe staff recruitment checks were in place and used.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all people felt their needs were known and understood by staff. Staff had received an induction and ongoing training and support.

The principles of the Mental Capacity Act (2005) was understood and applied where required. Information to support staff to effectively meet people's behaviours at times of heighted anxiety lacked guidance and support.

People received a choice of what to eat and drink and nutritional needs had been assessed and were monitored.

People's healthcare needs were assessed and monitored. Some concerns were identified in the response to a person that was in pain and discomfort.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were

knowledgeable about people's individual needs.

People were involved in opportunities to discuss their care needs. Independent advocacy information was available to people if required.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive.

On the whole information available to staff to provide a personalised and responsive service was in place.

People received opportunities to participate in a variety of activities.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good

The service was well-led.

People received opportunities to share their experience about the service.

There were quality assurance processes in place for checking and auditing safety and the service provision.

The registration and regulatory requirements were understood and met by the provider and registered manager.

Westwood

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 23 and 24 August 2017 and was unannounced. The inspection was carried out by two 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, 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

During the inspection we spoke with six people who used the service and five visiting relatives or friends for their views about the service. We also spoke with two visiting healthcare professionals and an additional healthcare professional on the telephone. We spoke with the acting manager, a dementia service manager, the regional operations director, a visiting area manager, the cook, a housekeeper, a care team manager, deputy manager, an activity coordinator and six care staff. We looked at all or parts of the care records for nine people along with other records relevant to the running of the service. These included policies and procedures, records of staff training, the management of medicines and records of quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection on 30 and 31 August 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide sufficient numbers of staff to meet the needs of people. Following the inspection the provider sent us an action plan detailing the action they would take to make the required improvements.

At this inspection people who used the service, visiting relatives and friends told us they continued to have some concerns about staffing levels. Comments received were that staff were always busy with care tasks and they did not have time to stop and chat or engage with people. However, people did say when they pressed their call buzzers, or called out for help, day or night, staff arrived swiftly. One person said, "There are some very nice staff trying their best, but there's not enough of them. They're always on the go, chasing their tails around." A relative said, "The staff are very kind but there's not enough of them. They're always rushed off their feet."

We received a mixed response from staff about staffing levels. One staff member said, "The problem last year was the use of agency staff, we very rarely use them now, having regular staff that know and understand people's needs has made all the difference." Another staff member said, "On the whole staffing is ok, it's difficult when staff call in sick giving very little notice." Negative feedback was also received including comments such as, "I don't feel there is enough staff, you don't get a minute." This echoed what other staff told us.

The management team told us how they assessed and reviewed people's dependency needs that determined the staffing levels required. The operations director said the use of agency staff had significantly decreased and when developing the staff rota, consideration was given to the staff skill mix and experience. The management team were confident staffing levels were appropriate and gave examples of how this was increased depending on occupancy levels and dependency needs.

On the days of our inspection we found staff were attentive to people's needs and staff were responsive to requests for assistance in a timely manner. We concluded the lay out of the building and the dependency needs of some people were contributory factors to the reason why staff were very busy. We found improvements had been made to staffing levels and the breach in regulation had been met. However, we requested the operations director reviewed how the staff team were deployed to ensure this was as effective as it could be and they agreed to do this.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included criminal records check and employment history.

Some people who lived at Westwood Care Home said they did not always feel safe because other people sometimes entered their rooms. One person said, "A woman came into my room the other night and woke me up. She picked up my foot cream and walked out with it!" Another person said, "If I don't lock the door people come into my room and rummage about. I have to keep telling the staff to lock the door after them.

I've got my own keys so I always lock the door after me. It's not good that I have to do all this, but what can I do? I don't want anyone else in my room."

Relatives told us they felt their family members were generally safe, but all of them told us that some of their family members' belongings regularly went missing. We discussed what people had told us with the management team who agreed to follow up these concerns.

Staff we spoke with showed a good understanding of their role in protecting people from potential abuse. Staff told us they had received safeguarding training and were able to discuss the different types of abuse people may be exposed to and how they would recognise the signs through people's behaviours. One member of staff said, "The company is good at protecting people from abuse, we get a lot of training to help you and there are polices for us to see how we should deal with things." The member of staff went on to say they would feel confident to raise concerns to senior staff and the management team and these would be dealt with. They told us they were aware they could also report any issues to the local safeguarding team or ourselves the CQC.

We were aware where there had been safeguarding incidents; the registered manager had reported these appropriately and had worked with external agencies to investigate these. Records confirmed appropriate action had been taken to reduce further concerns, such as increasing the frequency of monitoring people to ensure their and others safety.

People did not experience undue restrictions on their freedom. We saw people were able to walk freely and safely around the care home, as it was designed for circular access around the building and the central courtyard was secure.

We identified individual risks to people's safety had not always been appropriately assessed or planned for. For example, some people with health needs such as diabetes did not have a risk assessment completed to advice staff of the risks associated with this condition. However, we did note an information diabetes fact sheet was provided for staff. In addition a person, who had a catheter in place, did not have a risk assessment to inform staff of the action to take should an infection occur. However, staff could tell us the indicators of an infection. Another person had been assessed by a speech and language therapist of being at risk of choking. Whilst their care plan had not been updated to advise the person had been prescribed thickener to manage this risk. This information was recorded elsewhere and staff were aware of this. After talking with staff and discussing people's needs and how risks were managed, it was clear that staff were knowledgeable and this was a recording issue. We discussed this with the management team who agreed to take immediate action to complete risk assessments and ensure care records were up to date as required.

Staff had information available of the action to take should there be an event that affected the safe running of the service. This included a business continuity plan and personal evacuation plans (PEEPs) for people. However, we noted information in people's individual PEEPs was limited. This information is used to support staff of people's needs in the event they need to be evacuated from the building. Staff had received health and safety training and were aware of their responsibility to ensure the environment was kept safe at all times. There were audits and checks completed regularly of the environment. Accidents and incidents were recorded, monitored and reviewed to ensure appropriate action was taken by staff and to consider how further risks could be reduced. The registered manager had a falls audit that analysed when, where and the frequency of falls to determine if there were any patterns that required action.

People we spoke with told us they generally received their medicines on time. Relatives raised no concerns about how their family member's medicines were managed.

We observed a staff member administering people's medicines and they did this following good practice guidance. Staff told us about the training they had received and this was found to be correct and up to date. We found medicines were stored correctly and securely. The medication administration records (MARs) were completed appropriately, confirming people had received their prescribed medicines.

Information available for staff to support them to administer medicines safely was lacking in places. For example, some records lacked a photograph of the person. This meant there was a risk that without clear identification, people may not have received their medicines. Some people had their medicines administered covertly. This means medicines were administered in food unknown to the person. Information confirmed the GP had given authorisation for medicines that were given covertly, however the pharmacist had not been contacted for advice. This is important because the effectiveness of medicines can be altered when given with certain foods. In addition some medicines prescribed to be taken as and when required, for pain relief or periods of anxiety had no protocols to support staff of when these should be administered. Where these were in place, they gave good clear information. We discussed these issues with the management team who agreed to complete a full medicines audit as a matter or priority. Following our inspection the registered manager confirmed what action they had taken, including contact with the GP and pharmacist where required.

Requires Improvement

Is the service effective?

Our findings

Whilst visiting relatives thought staff knew how to support their family members, some people who used the service told us staff understanding was variable. Two people told us they did not think all the staff understood their needs. One person told us they had diabetes but they were regularly offered sugary snacks and that the less sugary snacks they favoured were not always available. We witnessed an example of this during our visit. A staff member offered this person a cup of tea and asked if they wanted sugar. The person replied that they could not take sugar as they were diabetic. The person was then offered a tin of sugary biscuits to choose from. The person said they could only eat a certain biscuit, which was not available. The staff member checked with the cook and confirmed these biscuits were not available and said, "But it's only an hour until lunch time, so you'll be alright." We discussed what we were told and our observations with the management team who agreed to follow up these concerns immediately.

Staff told us about the induction they received when they commenced their employment and said this was helpful and supportive. Staff also said they received a lot of training for their roles. One staff member said I've completed training in, "First aid, moving and handling, fire safety and dementia, and lot's more." Several staff felt more training on managing challenging behaviours would be useful. One member of staff said, "It would help staff as people's behaviours are changing." Another member of staff said, "Yes you get a lot of support from colleagues, and I have no problems with the training the company provides." Staff told us they received opportunities to review and discuss their work, they said it was useful, and gave them confidence they were doing a job well.

Records confirmed staff had completed an induction and received ongoing training to keep their knowledge and skills up to date with best practice guidance. Staff received regular opportunities to review their work. This told us staff received appropriate support to undertake their role and responsibilities.

People we spoke with could not recall signing documents giving consent to their care and support and did not know much about their care plans. However, people we spoke with told us they did not want to know more about their care plans.

Staff showed an understanding of the importance of gaining consent from people before providing care. One member of staff explained they would never force people to do things but as they know the people well, could use gentle persuasion to get people to do things. They said, "We look a body language. One person is deaf and we take a note pad to write things down for them."

During our observations of staff supporting people we heard staff asking consent from people before offering care interventions such as assistance with moving from the lounge to the dining room.

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.

Staff had an understanding of the MCA one member of staff said, "It helps us differentiate between people who can make their own decisions and those who can't. Any issues we have we look at the care plans and they have the information in them." If a person lacked mental capacity to make a specific decision they said, "We would use an assessment to find out about capacity." Another staff member discussed the importance of this legislation and said, "There were a lot of things happening to people who didn't have the ability to speak up for themselves, the MCA means we have to check if someone can make their own decisions before we make them for them."

Where people lacked mental capacity to make specific decisions, we saw care records included mental capacity assessments and best interest decisions. These were found to have been completed appropriately and were regularly reviewed. Examples of completed assessment and decisions were in relation to personal care and the administration of medicines.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS where appropriate and some people had authorisations in place. Care plans specifically addressed authorisations in place and how the restrictions to the person were being minimised. This meant staff had the required information to lawfully protect people's freedom and liberty.

Some people were living with dementia and at times experienced periods of high anxiety that affected their mood and behaviour. External professionals raised some concerns about staff's understanding and ability to support people with behaviours associated with their dementia. We found people's care plans for these identified needs lacked clear guidance and information for staff to support people effectively. We discussed this with the provider's dementia service manager. They agreed to arrange further training for staff and this was confirmed following our inspection for September 2017. They also agreed to support staff to review people's care plans and other documentation used to record people's behaviours for monitoring purposes.

People told us they enjoyed the food and that they were offered choices of meals. One person said, "I like the food here, it's well cooked, like at home." Some people raised concerns about the time of supper and the availability of snacks at this time. We informed the management team of this who agreed to follow this up.

We observed people's lunchtime experience. The food looked appetising and well presented, and people told us they enjoyed their meal. There was a relaxed and unrushed atmosphere where people received appropriate support and offers of additional food if required. People were offered regularly throughout the day a choice of hot and cold drinks and snacks.

Staff were aware of people's nutritional needs. They told us they used information boards in the main kitchen and each kitchenette located on the four units, to share information about people's needs. We saw this information reflected in the records of people's needs we had reviewed. People's weight was monitored to enable action to be taken if concerns were identified. The menu gave people a choice and the cook said this was based on people's known preferences.

People told us they had access to GPs and they could recall being visited by GPs. One relative told us they had to ask staff to chase up urine test results and they felt the staff could have acted more pro-actively to ensure timely antibiotic treatment.

Two visiting healthcare professionals told us that they were confident referrals were made in a timely manner and recommendations made were followed. They said if concerns were identified the registered manager took swift action to resolve these, and they had regular meetings and had good communication with the management team.

Staff we spoke with told us that senior care staff took prompt action to address any health needs people may have. One member of staff gave the example of a person who had a problem with their eye. The staff member said they reported this to the senior staff member who contacted the GP and the person received appropriate treatment the next day. However, on the second day of our inspection we were concerned prompt action was not taken by a member of staff who was alerted to a person's painful and swollen leg. When we questioned if action had been taken this member of staff said a diary entry had been made for staff to request the GP visit the following day. On hearing this a senior member of staff responded by saying they would call the GP, which they did immediately. We discussed this situation with the management team who agreed to take immediate action to investigate why there was an initial delay in taking appropriate and responsive action.

Good

Is the service caring?

Our findings

All of the people we spoke with told us staff's attitude and approach varied. They told us some staff were very kind and caring, and some could be short-tempered and brusque. One person said, "Some staff are kind and some not so kind. That's life, I suppose." People told us some staff were very respectful at all times and that others were sometimes less respectful. One person said, "There are some staff who are really helpful and do everything you want. Others aren't so helpful, so you just learn to live with it." Following our inspection we spoke with the registered manager who was aware of these issues, they told us what action they had taken and said they had regular discussions with people about any concerns as they arose.

We observed respectful and friendly interactions between staff and people who used the service during our inspection visit. Staff spoke kindly and patiently with people, using effective communication and listening skills. Staff gained people's eye contact when talking with them and allowed people time to answer questions or communicate. Staff always asked if people had finished their meal before clearing plates and were sensitive and discreet when supporting people with any care and support.

Staff were positive that the staff team provided good quality care. One member of staff said, "The staff are what makes this place, if we are short staffed staff don't go for breaks. They care about the people and try to make them happy." One member of the domestic staff talked of chatting to people when they cleaned their rooms. We saw evidence of this as we walked around the service. This member of domestic staff said when cleaning a person's room they thought, "Is everything how I would want it for my mum."

People had diverse needs and these were known and understood. Some ladies who used the service had painted nails and told us the activities co-ordinators had done their nails as part of a pamper session. There was a hairdressing service four days a week in a purpose built salon and several ladies told us they looked forward to having their hair done. Monthly visits from the Salvation Army took place and where people required support to practice their chosen faith, this was provided by community religious groups.

The staff we spoke with were able to discuss the care needs of the people they supported. They were able to describe people's likes and dislikes and what their routines were. This also included knowledge about people's past health related needs and what was important to people. People's care records included people's preferences and routines that provided staff with the required information to provide an individualised service.

People had access to information about independent advocacy services should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no person who used the service that was currently being supported by an advocate.

Whilst people could not recall if they had received an opportunity to discuss the care and support they received, a member of staff told us people and their families were encouraged to be involved with care planning. We saw from the care records we reviewed, information that confirmed there had been

discussions and consultation with people and or their relatives at three monthly intervals.

People we spoke with told us the staff helped them maintain their own privacy and dignity, for instance knocking on doors and closing doors when carrying out personal care.

Staff told us they were aware of their role in maintaining people's privacy and dignity one member of staff said, "Yes we make sure doors are closed and curtains closed and we respect people and give them space."

People we spoke with told us they were able to maintain as much independence as possible with their care, including using walking aids or carrying out personal care tasks. However, one person told us they wanted to be able to leave the care home for trips out and had been told this was not possible as there were not enough staff to accompany them. This person said, "I can tidy my room and take my dirty cup back to the dining room. I like to do what I can for myself and the staff let me do that. But what I'd really like to do is get out of this home and go to Clumber Park or somewhere like that. I miss getting out and about. I've not been on a trip out since I came here."

Good

Is the service responsive?

Our findings

People received an assessment of their needs before moving to Westwood. This information along with the involvement of the person and or their relative, or representative, was then used to develop care plans to inform staff of the person's needs. People could not recall their involvement in discussions and decisions about their care, but we found records that confirmed meetings had been undertaken with either the person or their relative or representative. In addition the person or their relative, had completed additional documents that informed staff of their life history, routines and what was important to them.

On the whole we found care records included clear and detailed information for staff to provide people with an individualised service. For example, where people had been assessed as requiring specific equipment or care to protect their skin from damage this need was being met. Pressure relieving mattresses and cushions and were being used where required. Where people needed to be repositioned to reduce the risk of their skin breaking down, records confirmed they were being turned as per the instructions in their care plan. Some people had needs associated with their mobility and we observed staff supported people effectively, using mobility equipment appropriately. Staff were observed to provide reassurance to the person, giving explanation as they provided support.

Some documentation to support staff about people's needs were less informative, such as dates missing and descriptions of care required were vague. In addition some records used to monitor people's health and well-being lacked meaningful information. However, staff were able to discuss how they met people's needs and had a good understanding of people's routines, clearly indicating they knew people they cared for. We concluded the issue was more about record keeping than the delivery of care. We discussed this with the management team who agreed with our findings and agreed to commence a review of care records as a priority. Following our inspection we received confirmation from the management team advising care plan training had been arranged for staff in September 2017.

People we spoke with told us there were activities available at certain times during the week and they joined in with some of them. One person said they wanted to go out on trips but this had never happened. Another person said, "I join in everything I can, bingo, quizzes, music, to keep me occupied. But I don't do baking. That's too much like hard work." A relative said, "There aren't enough activities to keep [family member] stimulated. They like music and dancing. There's a bit of that, but not much, so they just sit in the lounge most days with nothing to do."

The service employed two activity coordinators. One activity coordinator told us they spoke with people on admission to the service to find out what interests and hobbies they had. They said, "I sit and talk with people and find out about them and get families involved." Examples were given of how people were supported with hobbies and interests. We were told how one person enjoyed gardening and gardening activities were provided both outdoors and indoors. There was a colourful and well-kept garden including planters people had developed. Theme days were organised that were based on activities and celebrations such as Wimbledon, a carnival day was being organised to coincide with Nottingham annual carnival day. People were supported to attend a Christmas meal in the community and arts and crafts were regularly

provided. The weekly activity timetable on display showed a variety of activities available and we saw a good sample of photographs of activities people had participated in during 2017.

A separate café area that resembled a tea room within the service had been developed for people to use with their visitors. In addition the café was used for coffee mornings on certain days of the week and was a popular activity people enjoyed. The activity coordinator told us they provided group activities and that they recognised the importance of providing people with one to one opportunities to sit, chat and reminisce. On both days of our inspection we saw both group and individual activities taking place. This included a baking session, nail painting for individuals, a bingo session and one to one time spent chatting or a hand massage being given.

People we spoke with told us they would speak to a member of their family, a member of staff or the registered manager if they had a concern or complaint.

We saw the provider's complaint policy and procedure was available to people, relatives and visitors should they have required this information.

Staff we spoke with showed a clear understanding of how they should deal with complaints or concerns from people using the service or their relatives. One member of staff said, "If I couldn't resolve it myself I would take it to the senior or manager and I would record it." The member of staff felt that the senior staff the registered manager were responsive to people's concerns and worked in an open way with people and their relatives.

We reviewed the complaints log and found where concerns or complaints had been received these had been responded to as per the provider's complaint policy and procedure. There were no outstanding complaints and records showed appropriate and responsive action was taken to resolve any issues.

Good

Is the service well-led?

Our findings

Most people, who used the service we spoke with, knew who the registered manager was and had spoken with them.

As part of the provider's internal quality assurance monitoring, meetings for people who used the service and relatives were held monthly. This was to enable people to share their experience about the service they received. People were aware of these meetings and some had attended. People could not recall anything happening as a result of the meetings.

We looked at resident and relative meeting records for 2017. Whilst we saw people gave their feedback or made suggestions, records did not always show what action had been taken in response to what people raised. For example, in January 2017 people requested a trip to a garden centre in the Summer, there were no records to confirm this happened and staff said there were not the resources to support people on external community visits. We noted that in July 2017 people raised a concern that the meal options did not always match the menu choices. This was picked up by an audit in August 2017 and action had been taken to address this.

Regular satisfaction surveys were sent to people who used the service and relatives; the most recent survey was completed in July 2017. The feedback from this survey was awaiting a review by the registered manager. A visiting area manager told us if the analysis of this information required a response, the registered manager would develop an action plan to address any areas that required improvement. Separate surveys were also completed on the catering.

Staff felt the management team were visible and approachable. One staff member said, "(Name the registered manager) comes round every day, she checks room cleaning and she is very thorough." Staff also told us and records confirmed they were provided with appropriate training and support. One staff member said, "I feel we get a lot of support, the management team are supportive and respond to any issues or concerns." We found staff were clear about their role and responsibilities and there were good communication systems in place. Staff said regular meetings were held to highlight any issues and they felt involved in the development of the service.

Staff were aware of who to go to if the registered manager was not on duty. They had a good understanding of the management structure at the service. A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Our records showed we had been notified of events in the service the provider was required to notify us about. The provider had ensured that the service's previous inspection ratings were displayed as required.

The provider had systems and processes to regularly audit and check safety and quality. These reports were completed and were monitored by senior representatives of the service to enable them to have oversight of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety. The registered manager had an action plan that identified areas of required improvements, this included timescales and identified who was responsible. This demonstrated the management team and provider had a commitment to continuously improve the service.