Almondsbury Care Limited

Axbridge Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 03 November 2016.

Axbridge Court Nursing Home is a converted Edwardian cottage hospital situated in Axbridge near Cheddar. They provide personal and nursing care for up to 36 older men and women.

At the time of the inspection there were 30 people living in the home. There is a registered manager in post. 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.

The last inspection of the service was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

Although there was a lot of information provided for people and visitors on noticeboards in the hall it was noted that most people used a wheelchair to mobilise around the home. This meant much of the information was too high for them to be able to access comfortably. Also some people were visually impaired and no systems were in place on the noticeboards such as larger print or coloured paper to assist them to maintain independence by reading the information themselves.

People had their nutritional needs assessed and received meals in accordance with their needs. Where people required physical assistance to eat this was usually provided in a dignified manner. However, one staff member was observed not to socialise with the person they were assisting. This was discussed with the registered manager who told us they would manage the issue through a one to one conversation with the staff member. People were complimentary about the food served in the home. One person said, "The food is always good."

There was a full programme of activities for people to join in. The activities organiser had access to approximately 30 different activities. One relative said, "The activities are brilliant. The organiser is amazing. There is always so much for people to do". On the morning of the inspection people joined in a reminiscence session and proverbs. The activities organiser said people always liked to start the day with the same thing. There was also a group of like-minded people who played scrabble on a regular basis. On the evening following the inspection people had a firework party to which they had invited friends and relatives.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Training for all staff made sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home and with staff. One person said, "Yes as safe as you can go."

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried

manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere. There was a consistent staff team with some staff working at the home for a number of years. It was evident staff knew people well.

The management of the home was described as open and approachable and we were told by people who were able to comment and staff that they would be comfortable to raise any concerns. Where concerns had been raised within the home, appropriate action had been taken to make sure people were fully protected. People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

We made one recommendation regarding enabling people to access information. We recommended the provider looked into ways to enable people in wheelchairs and people with a visual impairment to be able to access the information provided on noticeboards.

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 protected from the risk of abuse as staff had been trained to recognise and report abuse.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs.

People's legal rights were respected and protected.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

People were involved in making decisions about their care and the support they received where possible.

Is the service responsive?

Good

The service was responsive

People received care that was responsive to their needs because

staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about most areas of their lives where possible.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by trained and committed staff who understood the vision and values of the service.

People were supported by staff who were motivated. They worked as a team and were dedicated to supporting people in a person centred way.

Axbridge Court Nursing 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 03 November 2016 and was unannounced.

The last inspection of the service was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

This inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Axbridge Court Nursing Home is a converted Edwardian cottage hospital situated in Axbridge near Cheddar. They provide personal and nursing care for up to 36 older men and women.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with ten people who lived at the home, three relatives, four members of staff, a visiting health care professional and the registered manager. We looked at the premises and throughout the day we observed care practices in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, three staff personal files and records related to quality monitoring.

Good

Is the service safe?

Our findings

The home's medicines policy reviewed on the day of the inspection was dated 2008 and it failed to provide key guidance for staff in the administration of medicines. We discussed this with the registered manager at the time who agreed the additional information would be included in the revised document. However following the inspection the registered manager realised that the wrong policy had been reviewed. They were able to provide evidence to show an up to date policy was available in the home and it included all the key guidance we had discussed on the day. Staff also had access to regular published medicines policy updates from a national organisation.

The medicines policy stated that when each new tube/pot of topical cream was opened it should be recorded by documenting a red square on the medicines administration record (MAR). However we failed to see evidence of this. For example we looked at the topical creams for five people. These creams were available in people's rooms for care staff to apply, however there was no red squares on the MAR charts to indicate when they had been started. A chart for the use of topical creams was kept in people's rooms for care staff to sign, however these were not always completed, and therefore they failed to indicate if the creams had been applied or not. This lack of documentation had been picked up by a medicines audit and we saw evidence that it had been a topic of discussion at a recent staff meeting.

Training and supervision records showed the registered manager provided access to up to date medicines training for staff and competency checks were carried out either through supervision meetings or observed practice.

Some people had end of life, 'just in case' medicines prescribed. When the GP prescribed the just in case medicines they used a pharmacy headed MAR chart. The practice for the registered nurse was to then hand write the prescription onto the home's own MAR chart. We noted that there were some discrepancies with the two MAR charts and discussed this with the registered manager. The registered manager looked into this following the inspection and found the registered nurse had transcribed from the GP's original prescription therefore making it correct. The use of the home's MAR chart however was only for stock control and not for administering medicines. This meant a clear oversight of the stock in the home could be maintained ensuring there was enough medicine in stock to meet people's needs.

Safe systems were in place for the storage and administration of medicines. Clinical staff demonstrated safe, sound practice based upon current best practice guidelines. Overall all of the MAR charts were of a high standard. The registered nurses indicated very clearly when people required specific care. For example if a catheter bag change was weekly, or when oxygen device filter washes were due. This was not anywhere in the policy but demonstrated very robust clinical practice from those involved. Medicines were administered in a safe and caring way to people and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises.

We looked at the use of bedrails in the home. Most of the beds used had integral bedrails. This meant they were built into the bed. However some had separate hospital bedrails attached. We looked at six of these bedrails. We noted that of the six bedrails two had gaps that could be regarded as slightly too large following the recommendations of the (MHRA safe use of bed rails V2.1 December 2013). The MHRA is "The Medicines and Healthcare Products Regulatory Agency". They are a government agency which ensures that medicines, medical devices and equipment are safe and fit for purpose. However we also noted the home provided bumper covers which reduced the gaps, which also reduced the risk of entrapment. We discussed this with the registered manager who agreed they would discuss the safe use of bedrails with the person who checked them for gaps and wear and tear. Following the inspection the provider confirmed a record of when bumpers were used was maintained by the home.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food. Alcohol gel was available throughout he home and there was very clear hand washing guidance in toilets and bathrooms.

People told us they felt safe at the home and with the staff who supported them. One person said, "I feel safe, very safe." Another person told us, "I feel as safe as you go." One relative said, "I am very happy to leave [the person] in their care." Throughout the inspection people were very relaxed and comfortable with staff.

Care plans contained risk assessments which included information about assisting people to mobilise. They also included guidance on how to reduce risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example one person was identified as at risk of choking. They had a care plan which reflected the recommendations from the speech and language team (SALT). We observed this person being assisted to eat and staff followed the risk assessment and guidance exactly. Some people were at risk of pressure damage. There were clear risk assessments in place with equipment identified to prevent pressure damage developing. Staff had a very good understanding of people and their needs; they would inform the registered manager if people's abilities or needs changed so risks could be re-assessed. For example we saw people were assisted to sit on pressure relieving cushions during the inspection and pressure relieving mattresses were available on beds.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The provider had only employed one new staff member within the last year. Records showed all checks had been carried out.

Staff told us there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example we observed staff respond quickly when people requested assistance. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They are very good they know exactly what to do." One relative said, "My [the person] is very well cared for here." Another relative said, "They are all excellent, very good. The registered manager is very supportive and the nursing care is excellent."

Axbridge Court had signed up to the "Dignity Challenge". This is a national campaign aimed at, "improving the quality of care and the experience of citizens using services including NHS hospitals, community services, care homes and home support services." (Dignity in Care Campaign.) One staff member had taken on the role of dignity champion, and a whole noticeboard was dedicated to raising awareness of the dignity challenge for people staff and visitors. This meant people could be assured staff were supported to work towards respecting peoples dignity and improving their quality of life. On the noticeboard board the dignity champion had included guidance for staff on communication. They used the capitals of SMILE to show staff how to communicate effectively. Say hello; Make the person feel at ease; Introduce yourself; Look at the person and listen to what they are saying; Explain what you will be doing in a clear way.

Throughout the inspection we observed staff communicated effectively with people. One person's care plan explained clearly how to effectively communicate with them. Staff were following the SMILE principles. They went down to the person's level to talk with them and waited for a response rather than rushing them. This meant people were given the time to think about the subject, understand what was expected and maintain control over the decisions they made. We saw people responded positively to staff and a volunteer in the home. There was much chatting and laughter. When people requested assistance staff took the time to listen to what they wanted before acting.

Most of the people in Axbridge Court used wheelchairs to mobilise around the home; however, the noticeboards which contained a lot of information about activities, staff and the community were placed too high for people in wheelchairs to view comfortably. Also many people had a visual impairment and notices were not adapted to suit their needs, for example, in large print or on different coloured paper to enable them to read independently.

We recommend the provider looks into ways to enable people in wheelchairs and people with a visual impairment to be able to access the information provided on noticeboards.

There was a consistent team of staff, some of whom had worked in the home for a number of years. This meant people knew the staff supporting them well and had been able to build lasting relationships. People felt they could trust staff and could talk to them openly. This also meant staff knew the people very well. They were able to tell us how people preferred to live in the home and the level of care and support they required. Staff were able to monitor people's health needs and care plans gave clear information about how to recognise if someone was unwell. Daily records written about people showed staff liaised with other professionals to make sure people had the treatment and support they required to meet their healthcare

needs.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

Staff told us training opportunities were very good. The organisation's mandatory training included safeguarding adults from abuse, first aid, fire safety and moving and handling. Service specific topics included palliative care, catheter care, dementia care and the safe management of diabetes. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. One member of staff told us, "I feel well supported and I am not worried about the verification process as they are supporting us through that". (The verification process is a new competency assessment for registered nurses managed by the Nursing and Midwifery Council (NMC.)

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One member of staff told us "I enjoy working here as I am well supported. You can discuss work and if you want to train in something they will listen. You can talk to the manager at any time."

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

The Mental Capacity Act (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people if they were unable to make a decision and respected people's legal rights to make choices and lifestyle decisions for themselves. Care plans showed when a best interest decision needed to be made the appropriate professionals and relatives/representatives were involved.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were appropriate policies and procedures and the registered manager had a good knowledge of the law in respect of people who lacked the mental capacity to make choices. DoLs applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLs application was accepted the registered manager completed the necessary notification to CQC.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered. We observed the lunch time experience for people living in the home. We found there was a varied level of support. In the dining area we observed one staff member assisting a person to eat. They did not hold a conversation with the person and the experience was very task orientated rather than person centred. We discussed this with the registered manager who told us they would arrange a one to one supervision meeting with the staff member involved. We also observed a

person being supported to eat in their room. The experience for them was relaxed, friendly, at their pace and due to their specific needs the support was person centred and in line with their care plan. This meant people could experience a varied approach to care that at times could be task orientated.

People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person said, "I really enjoyed my lunch. They do cook things well here."

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said, "Very happy with the care." Another person said, "They really do care about me and what I like." Whilst a third person said, "I had a wonderful welcome, with a welcome card from the manager." One relative said, "I am very happy, I know [the person] is happy too and very well cared for. I am so grateful for the care they provide." There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner.

People were treated with dignity and respect. Most staff were observed to support people to make choices about their day to day lives and they respected their wishes. However on occasions we also observed staff could become task orientated. For example after lunch we observed one staff member wheel a person out of the dining room saying, "back to the lounge then". They did not stop to ask if the person wanted to go to the lounge but just assumed. This meant people's preferences could be presumed rather than sought on a day to day basis. We discussed this with the registered manager who said they would look into this particular issue as they preferred staff to seek people's views on how they liked their day to be. We also observed staff were respectful, understanding and patient when assisting people. They addressed people by their preferred name, responded promptly to requests, such as for a cup of tea, and took the time to talk.

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. The activities organiser knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. We heard the activities organiser talking to people about what they had done in the morning, about their interests and their families. Everybody was welcomed into the lounge on an individual basis and they were all asked which activity they wanted that morning.

People's privacy was respected. Each person had their own bedroom with en-suite facilities. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided and a sample of the comments made included. "Thank you for all your patience, care and respect." And. "You were always so welcoming, friendly and supportive, and we felt so relieved [the person] was being looked after by staff who treated [them] with kindness and dignity."

The home was able to care for people at the end of their lives. The care plans gave information about how

and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place. The registered manager explained that when they provided end of life care they worked to the principles of the National Gold Standard Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about most aspects of their day to day lives.

The registered manager and staff had respected people's wishes regarding seating arrangements in the lounge. We observed the seating arrangements looked institutional, placed around the outside of the lounge and a circle in the middle of the room. When we discussed this with the registered manager and the activities organiser, they both explained that they had tried various different arrangements of furniture. However, people living in the home wanted the room put back the way it was. During the day we observed activities being carried out and saw people all joined in as they were able to see the activity and interact with other people in the group due to the way the seating was arranged.

People were supported to take part in activities and hobbies that they were interested in. A regular programme of activities was displayed on the noticeboard and each room had a copy available for people to read. We saw people's art work and photographs of trips and activities they had taken part in. The first activity of the morning was well attended with people saying they enjoyed meeting up and having a "good laugh". On the day of the inspection the staff and activities organiser were arranging a fireworks party. Relatives had been invited and at the end of the day the dining room had been rearranged so people could entertain their families and guests at their own table.

There were ways for people and their representatives to express their views about the quality of the service provided. The activities person would talk with people one to one and ask what they wanted to do and any changes they might like. In this way they had discussed trips out and menu preferences. The minutes for one resident's meeting showed a person had commented on the loud voices of visitors in the home during the evening. The registered manager had agreed to put up a notice. During the inspection we saw a notice had been put up, asking visitors to talk quietly in the evening and respect people may be trying to sleep.

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. During the inspection we observed the registered manager gathered relevant staff together to give them a quick briefing on the care and support required for a person due to be admitted and a person due to return from hospital.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. One person said, "They discussed everything with me but my [a relative] saw the place and helped me decide."

The care plan format provided a framework for staff to develop care in a personalised way. The care plans were tailored to people's individual needs and had been reviewed on a regular basis to make sure that they

remained accurate and up to date. Where changes were identified, the information had been disseminated to staff. Care plans identified significant changes in red so they were easy to see. All staff were involved in a handover of information at the change of each shift so all staff were aware of any changes. This meant people could be assured all staff were aware of their changing needs. Staff told us that communication in the home was, "very good". Staff confirmed people could contribute to the assessment and planning of their care, as far as they were able to; otherwise people's representatives were encouraged to share their knowledge of the person.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people living at Axbridge Court. They spoke passionately about the way they supported people to have a meaningful day by listening to them and supporting them to take part in an activity of their choice. We observed staff supporting people in line with their care plan, for example the care plan for one person on bed rest said they needed to be repositioned every two hours. Repositioning charts showed this had been done as outlined in the care plan. We also observed the person had been repositioned and made comfortable. Another person's care plan gave clear guidance on assisting them to eat in a safe position. It clearly stated the person needed to be sat upright; we observed staff had ensured the person was in the correct position before they assisted them to eat.

People said they felt they could raise concerns and make a complaint if they needed to and the service responded to them. One person laughed and said, "If I wanted to complain I would talk to the manager but so far not needed to." The registered manager explained that they spoke with people and relatives personally most days so anything they were not happy about was dealt with immediately and did not become a complaint. The homes policy and procedure for raising concerns gave clear time scales for response and any action taken. We saw complaints had been dealt with in line with the homes policy and learning points raised at staff meetings. Following a comment in a recent survey a copy of the complaints policy was included in the introduction letter sent to new people and their relatives.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. Staff said there were clear lines of responsibility. Staff also confirmed they always had access to the registered manager to share concerns and seek advice. One staff member said, "I feel supported and listened to. I enjoy working here and would not change it." One relative said, "The manager is very supportive she is around when you want a chat and is happy to listen and put your mind at rest."

There were audits and checks in place to monitor the care provided and the safety of equipment used. When shortfalls were identified these were dealt with through one to one supervision or staff meetings. For example the poor documentation of creams and topical medicines administration had resulted in discussion and training at a staff team meeting. Auditing of systems in place was carried out by the registered manager who would discuss their outcome with the provider monthly. The registered manager confirmed they met with the provider monthly to look at the quality audit system and ways they could improve the service provided.

There were quality assurance systems to monitor the service provided and plans for on-going improvements. The provider carried out quality assurance surveys annually. These included people living in the home, relatives, staff and health care professionals involved with peoples care. The registered manager also carried out staff, resident and relative meetings. If specific issues were raised these were discussed immediately with staff at the time and further training could be arranged if considered necessary. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. A comment in one staff record stated, "The registered manager listens and takes on board suggestions for improvement"

Following comments in surveys the provider and registered manager had created a, "You said, we did plan," which was displayed in the hall. For example, "You said you would like a mobile shop. We introduced a mobile shop run by volunteer [person's name]." "You said you would like a separate activity for like-minded people. A separate scrabble group was set up." And "You said the building was too hot. We installed a thermostat control to the central heating." This meant people's opinions were sought and helped develop improvements within the home.

People who were able to comment said they thought all the staff were approachable. Throughout the inspection we observed people talking with staff and management. They had an easy, relaxed, and cheerful approach and nobody was ignored. One person said, "They are very attentive and seem to take the time to listen."

The organisation's philosophy for the way they provided care and support was, "…committed to providing quality services for residents by caring, competent, well trained staff in a homely atmosphere". We saw staff were well trained, committed to the care they provided, and there was a homely atmosphere throughout the inspection.

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which the registered manager kept their skills and knowledge up to date by maintaining contact with other registered managers in the area, on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.