

Rehabilitation Education And Community Homes Limited

Reach Vale Road Chesham

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 28 and 29 November 2017. It was an unannounced visit to the service.

Reach Vale Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Reach Vale Road accommodates six people in one adapted building. It is registered for people with a learning disability. At the time of this inspection five people were living there.

The service had a registered manager. 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 the previous inspection on the 17 November 2016 the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act in accordance with the Mental Capacity Act 2005. Records were not up to date, accessible and fit for purpose and effective systems were not in place to audit and monitor the service. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions effective and well-led to at least good. At this inspection we found the provider had made improvements to comply with those regulations.

People and their relatives were happy with the care provided. They felt their family members received safe care from staff members who were well supported by the registered manager. They described Reach Vale Road as "home from home."

We found the home provided safe, effective, caring, responsive care to people in a service that was well-led.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had care plans in place which provided detailed guidance to staff on the support people required. People's records were suitably maintained. Further improvements to records were identified and planned.

Systems were in place to safeguard people. People were provided with the information and opportunities to raise concerns. Risks to people were identified and managed. Accident and incidents were appropriately responded to and reported on which enabled trends and reoccurrences to be picked up and addressed.

People's health and nutritional needs were met. They had access to other health professionals and were

supported to take their medicines. Safe medicine practices were promoted.

People had access to activities and whilst there had been a decline in people accessing community activities this was recognised and being addressed.

Staff were kind, caring and had a positive relationship with people. They had a good understanding of people's needs. Staff were developing communication with people by use of signs and pictures to further promote people's understanding and involvement.

The home had a number of staff vacancies which they were attempting to recruit into. The required staffing levels were maintained and regular agency staff were used to cover shifts to promote continuity of care for people.

The home was clean and suitably maintained. Systems were in place to ensure equipment was safe to use and that infection control risks were minimised. People were provided with equipment to promote their safety and independence.

Staff were suitably recruited, inducted and trained to fulfil their roles. They received support from the registered manager and one to one supervision meetings with staff took place. The registered manager recognised this was not at the frequency outlined by the provider and was looking to improve the frequency of those meetings.

The provider had systems in place to gain feedback on the care provided. They had improved their auditing systems which showed issues were picked up and addressed to promote safe care to people.

The registered manager was a positive role model. They had developed in their role and confidence. They were committed to the home and to improving the service. They worked closely with staff in supporting individuals. Relatives were very complimentary of the registered manager. They told us [registered manager's name] was the best manager the home had ever had. They described the registered manager as "Always accessible, brilliant, honest, open, gentle, kind, empathic and showed compassion."

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 safeguarded and risks were managed.

People's medicines were appropriately managed.

People were provided with sufficient staff to support them.

People were supported by staff who were suitably recruited.

People were protected against the risk of infection as infection control measures were in place.

Is the service effective?

Good ●

The service was effective.

People were supported and enabled to make decisions about their day to day care. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were complied with.

People's health and nutritional needs were met and they had access to other health professionals.

People were supported by staff who were suitably inducted, trained and supervised.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind, caring, engaging and supportive.

People's privacy, dignity, independence and respect was promoted.

People were provided with aids and pictures to promote their communication and involvement in their care.

Is the service responsive?

The service was responsive.

People had care plans in place which outlined the care required to promote consistent care.

People were supported to pursue their hobbies, interests and attend college.

People were provided with the information on how to raise a concern or complaint.

Good ●

Is the service well-led?

The service was well led.

People, relatives, staff and other professionals were given the opportunity to feedback on the service.

The provider had systems in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were accessible, organised and well maintained.

Good ●

Reach Vale Road Chesham

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 checked 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 28 and 29 November 2017 and was unannounced. It was carried out by one inspector.

Prior to the inspection we received a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

Some people who used the service were unable to communicate verbally with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we walked around the home to review the environment people lived in. We spoke with the registered manager, three care staff and one person who used the service. We spoke with two relatives and one staff member by telephone after the inspection. We received written feedback from another relative. We looked at a number of records relating to individuals care and the running of the home. These included four care plans and medicine records, shift planners, handover records, one staff recruitment file, staff training and four staff supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Is the service safe?

Our findings

The person we spoke with told us they were happy with their care and felt safe. They commented "I like it here; I am happy and feel safe". Relatives were confident their family members received safe care. A relative told us their family member's health had improved since they had been at the home. They commented this is all down to the care that [family member's name] receives. Another relative commented "I feel [family member's name] receives safe care. The staff are aware of their needs and work to support them in the home and when out in the community."

Staff were clear of their responsibilities for reporting and responding to concerns, accidents and incidents. They were trained in safeguarding vulnerable adults and had access to guidance and policies to promote safe practice. A flow chart on what to do in the event of an incident of abuse was on display in the staff office to reinforce to staff the action required. The service had an increase in safeguarding alerts over the previous six months. They reported and acted on these appropriately to safeguard people. The service maintained a record of all safeguarding alerts made, the outcome and action required.

Accidents and incident report were completed. They were reviewed, action taken and signed off by the registered manager. Accident and incidents were reported to the organisations head office on a monthly basis. This enabled them to pick up trends, reoccurrences and act accordingly. The team meeting minutes showed people were regularly discussed, changes noted, lessons learnt and action taken to minimise reoccurrence where possible.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's care plans included risk assessments and management plans in relation to risks relevant to individuals. These included risks associated with medical conditions such as epilepsy, personal care, behaviours that challenged, eating and drinking, community activities, moving and handling and finances. These were detailed, informative and kept under review. Staff were aware of risks to people and the intervention required to minimise risks.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with moving and handling, medication administration, driving the company vehicle, cooking and cleaning. A fire risk assessment was in place. People's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire.

Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Staff carried out regular checks to ensure the fire equipment was in good working order. Fire drills took place. The fire equipment, gas safety, water supply, electrical appliances and fixed lighting were regularly serviced. A contingency plan was in place. This provided guidance for staff on what to do in the event of an emergency at the home. Staff were trained in fire safety, health and safety and first aid to enable them to respond appropriately in an emergency.

The provider confirmed they were made aware of national safety alerts. They then filtered those to the homes that the alerts would be applicable too. These were discussed in team meetings and made known to staff.

Relatives described the home as clean and homely. Staff took responsibility for the cleaning of the home, including people's bedrooms. A cleaning schedule was in place which outlined tasks to be done. These were signed off when completed. Systems were in place to report and act on maintenance issues in a timely manner. A refurbishment plan was in place which showed areas of the home to be decorated and items replaced. The home was clean, suitably maintained, homely and people's bedrooms were personalised to suit individual's needs and interests.

Systems were in place to manage infection control. Staff were trained in infection control and had access to the guidance on the code of practice on the prevention and control of infections and related guidance. They were provided with gloves and aprons and had an awareness of their responsibility to prevent cross infection. The registered manager was the infection control lead. This was not known by staff spoken with. The provider agreed to reinforce this to staff.

There were safe medication administration systems in place and people received their medicines when required. People's care plans outlined the support they required to take their medicines. Some people took their medicine with food but this was done openly and with their knowledge. Medicines were stored appropriately and temperatures maintained of the cupboard in which medicines were kept to ensure a safe temperature was maintained. Records were maintained of medicines received into the home and disposed of. No controlled drugs were in use. We looked at a sample of medicine administration records. We found no gaps in administration of the records viewed. Systems were in place to audit medicines which ensured any discrepancies were picked up and dealt with in a timely manner. Staff were trained and assessed as competent prior to administering medicines. They were reassessed annually to promote safe medicine practice.

People's records were kept secure. They were accessible to staff when required and accurately completed and legible.

The person we spoke with felt staff were available when they needed them. Relatives acknowledged there had been a recent turnover of staff and agency staff were used. There was three staff per day time shift, with a waking night staff member and sleep in staff member at night. The home had five staff vacancies which included a deputy manager position that they were attempting to recruit into. The permanent staff were offered overtime and they used regular agency staff to cover the vacancies. The required staffing levels were maintained. Staff felt the staffing levels were sufficient to meet people's needs. They confirmed they were offered overtime but it was their choice to do it or not. The provider was actively trying to recruit into the vacancies with potential applicants due to be interviewed. The registered manager provided back up on call support and a senior manager was also available out of office hours.

The service followed safe recruitment practices. Staff told us they had completed an application form and attended an interview. They were asked to complete a written assessment and engage with people as part of the interview process. The service had one new staff member employed since the previous inspection. Their file included an application form, record of interview and appropriate references. Records showed that a check had been made with the Disclosure and Barring Service (criminal records check) to make sure the staff member was suitable to work with vulnerable adults. A risk assessment had been completed and the staff member worked in a supervised capacity whilst they were waiting the outcome of the criminal records check. The provider had obtained confirmation from the agencies that the required checks were carried out

on agency staff. We found for one agency staff member who had recently worked at the service that information was not available. The registered manager confirmed after the inspection that had been obtained.

The provider had processes in place for managing disciplinary issues and for enabling staff to raise any grievances they had.

Is the service effective?

Our findings

At the previous inspection in November 2016 the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they failed to act in accordance with the Mental Capacity Act 2005 (MCA). The provider sent us an action plan informing us how they address the breach. At this inspection we checked the progress made.

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 were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. The provider had reviewed the template for assessing capacity. Mental capacity assessments were carried out in relation to routine health checks such as smears, mammograms and for other medical interventions such as the flu jab and blood tests. These were well completed and showed pictures and easy read material was used to assist in people's understanding of what smears and mammograms meant. This showed the requirement in relation to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

People can only be deprived of their liberty so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. People were unable to go out unescorted and the front door had a key code to exit. These measures were in place for people's safety in the context of their care needs. DoLS applications had been made to the Local Authority for people who required it. A record was maintained of applications that had been made and approved. Staff had been trained in DoLS. They had a good understanding of DoLS and how it related to the people they supported.

People's care plans outlined the support they required with their health needs. People had a health file in place which showed people had access to other health professionals such as the GP, opticians and podiatrist. People had access to specialist health services when required such as the speech and language therapist, dietitian and consultants in relation to review of epilepsy or behaviours that challenged. Each file contained an emergency grab sheet and a hospital passport. This ensured key information on people was provided to other health professionals in the event of an emergency to promote an effective transition to hospital. Relatives told us they were informed of any changes in individual's health, well-being, accidents and incidents. One relative raised a concern that there had been a delay in staff reporting a change in their family member to the registered manager. However they confirmed once the registered manager was aware they acted promptly.

The provider had a process in place to ensure new people admitted to the service were assessed and deemed compatible with the people living there. No new people had moved into the service since the

previous inspection. The provider confirmed they would have the opportunity for visits and overnight stays at the service to ensure a smooth transition to the home.

The person we spoke with told us they liked the meals provided. They said they were involved in choosing what they wanted to eat. Relatives described the meals as "Fresh, home cooked and very good". Staff were responsible for cooking the meals. The menu was planned weekly with people using pictures and menu cards to enable people to make choices. The weekly menu viewed showed people were offered a varied diet and the meals provided were nicely presented and appetizing. People's care plans outlined the support they required with their meals. Guidance from the speech and language therapist was included in care plans. People had equipment provided to promote their safety, well-being and independence with meals. People were weighed monthly and action taken to address any concerns. We observed two meal times. Staff and people who used the service ate together which promoted a family environment.

The home and premises was suitable for people needs. As people's needs changed people were referred to relevant health professionals and equipment such as bath chairs and plate guards sourced. Handrails were provided on the stairs. The home had an iPad for people's use and a talking microwave to promote people's involvement in life skills tasks.

Staff confirmed they were aware of their roles and responsibilities. They felt they had the required training to do their job. New staff including agency staff were inducted into the service and worked with permanent staff in getting to know people and supporting them with their needs. Permanent staff were enrolled on the care certificate training. The Care Certificate training is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills. We saw one staff member was working through the Care Certificate induction. They were positive about the areas it covered and was motivated to increase their knowledge.

Staff had access to training the provider considered mandatory such as health and safety, infection control, food hygiene, fire safety, moving and handling and management of actual or potential aggression (MAPA). Alongside this staff had specialist training in autism, learning disabilities and communication passports. The home had a training matrix in place which indicated the frequency of the training and highlighted when updates were due.

Staff told us they felt supported in their roles and received one to one supervision with the registered manager. The registered manager recognised supervisions were not taking place at the frequency outlined in the provider's policy. This was due to the workload as a result of not having a deputy manager and four other staff vacancies in the service. We saw in one staff member's supervision record that they had raised issues about other staff. There was no evidence to suggest this had been addressed. This was feedback to the provider to follow up on. New staff received performance reviews and existing staff had annual appraisals.

The home had systems in place to promote communication within the team. Handovers took place and records were maintained of them, A shift planner was in use. This outlined the staff on duty, tasks to be completed and who was delegated for tasks and supporting individuals with their care, appointments and activities. The home had a communication book in use to inform staff of important information and a monthly team meeting took place which showed good discussion on individuals and challenges in the service. Staff felt they worked well as a team despite the current staff vacancies. Relatives felt communication with the home was excellent. They described the registered manager as open, honest and transparent.

Is the service caring?

Our findings

The person we spoke with told us staff were caring. They commented "I like the staff, yes they are always kind to me" Relatives were happy with the care provided. They described staff as caring. A relative commented "Staff are caring and I can tell they think a lot of [person's name] and their mischievous ways."

Three relatives described it as the best care home their family member had been in. A relative commented "Staff work well with [family member's name]. They know them well and the care and attention is brilliant." Another relative commented "A care home is not a wish parents want to make. I think as care homes go Vale House is one of the best."

A professional involved with the home commented "The clients always look well cared for and seem to have positive interactions with their support staff. This is followed through when challenging behaviours are displayed. I work with many care homes and Vale House is one of the most supportive and caring homes."

Another professional told us they had recently reviewed a person and they had no concerns from that review. They commented "The service user appears happy and relaxed in their home environment and it appears to be meeting their needs. The service user's parents are very happy with the support their family member receives."

People appeared happy and contented and had positive relationships with staff. Staff were kind, caring and gentle in their approach with people whilst being firm and direct with people when this was required. They offered people choices and gave them time to make a decision on what they wanted to do for example what music they wanted to listen to. Staff used appropriate touch to reassure people or to prevent them from injuring themselves and used good eye contact and smiles when engaging with people. People were pleased to see individual staff come on duty and this was evident in their facial expressions and actions. They smiled, cuddled up to the staff member and took them by the hand to get a drink or support them in other ways.

Staff had a good knowledge of the people they were supporting. They treated people equally and responded appropriately to their needs and wishes. Some people had limited verbal communication but staff had a good awareness of their needs and used pictures, objects and signs to promote people's involvement. A staff member had been delegated to develop the use of Makaton within the home. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently verbally. This was work in progress. Makaton signs were displayed on notice boards to act as a prompt to staff and promote its use.

People were encouraged and enabled to be involved in their care and their independence was promoted. Some people got involved in setting the table, cleaning their bedrooms and doing their laundry with staff support. One person liked to observe meals being cooked and others were encouraged to assist with the meals and making drinks with staff supervision. One person was keen to tell us how they had been supported to learn to lock their bedroom door and showed us how they did it.

The provider operated a dignity in champion programme where a named staff member was trained as a dignity champion. The registered manager was looking to nominate a staff member to this role. Their aim would be to work with staff in promoting dignity in all aspects of people's care.

People's care plans outlined relatives and friends that were important to individuals. Key dates such as relatives birthdays, mother's day and father's day were noted and the person was supported by staff to buy and send cards and presents. Relatives told us they could visit at any time and were always made to feel welcome.

People's privacy and dignity was protected. People had their own bedrooms which were personalised. They shared the bathroom and toilet facilities. People's bedroom doors were left open but staff still knocked on the bedroom door when entering. Staff were quick to respond to assist a person with their clothing to promote their privacy. Extra screens and blinds were also provided to promote the individual's privacy. People's clothes were protected at meal times and they were encouraged to take an interest in their appearance for example a person was encouraged to clean around their mouth after their meal.

The home had no advocacy involvement. The registered manager was aware how to access advocates for individuals when required.

The provider had policies, guidance and systems in place to promote people's confidentiality in line with the data protection act. People's care plans included guidance on who could access their personal file. Staff were aware of their responsibility to keep people's information secure and they were cautious about how much information they gave out on the telephone.

Is the service responsive?

Our findings

The person we spoke with indicated staff were responsive. They commented "Staff help me whenever I need it, I just ask and yes they come." Relatives felt staff were responsive, in particular the registered manager who always responded promptly to any queries, concerns and changes in their family members.

During the inspection we saw staff respond to changes in individuals and behaviours that challenged to promote their safety.

At the previous inspection we noted care plans were not detailed or specific as to the care to be given. At this inspection we saw good progress had been made in developing person centred care plans. Whilst all of the care plans viewed had not been updated the care plans that had been were organised, informative and provided detailed and specific guidance on how people were to be supported with all aspects of their care. Care plans were kept up to date and reviewed. People also had access to formal reviews of their care which the funding authority and relatives were invited to. A relative commented "Yes [family member's name] has a care plan. We have input into the care plan and review of their care. We are always invited to reviews."

People had a named keyworker. A key worker is a named member of staff who supported the person to coordinate their care. Keyworkers were aware of their responsibilities and completed a monthly keyworker report on individuals which outlined changes and progress over the month.

The person we spoke with told us they had a choice of meals and activities they wanted to do. They commented "Staff ask me what I want to do". People were offered choices in relation to their day to day care, such as times for getting up, going to bed, activities, food and drinks. Pictures and easy read documents were available to support people to make their choices.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Management were aware of the Accessible Information standard and were working on a policy to provide guidance to staff on how the framework would be met. People's care plans included communication passports which provided guidance on how people communicated and information was provided in a format that was accessible and understood by people. Staff had a good awareness of people's communication. They understood their verbal communication, gestures and responded appropriately to them.

The person we spoke with told us they went to college, got involved in other activities and went home regularly. People were supported to be involved in activities. Each person had a care plan which outlined their interests and the support required with activities. Individual weekly activity programmes were in place. These were pictorial and in an easy read format. One person was supported to go to college three times a week. Others were supported with in house activities such as games, arts and crafts. Leisure activities such as bowling, swimming and meals out were promoted. Some relatives felt their family members had good access to a range of activities, whilst others felt this could be developed for their family members. The

registered manager recognised there had been a recent decline in the activities that had taken place due to the demands on the service. However they were committed to improving that. People were very excited about forthcoming Christmas activities such as a Christmas party and a trip to the panto.

A professional involved with the home told us that when classes change their format for example, community enrichment activities at a different location the home ensure the clients have the relevant support needed. They commented "The staff work with us to continue learning out of the classroom which I feel is good practice."

The home had no one on end of life care. They were looking to work with relatives to implement people's wishes and choices to develop end of life care plans.

The person we spoke with told us they would talk to staff or their family if they had any worries or concerns. Relatives told us there was excellent communication between them and the home. They felt able to raise any issues with the manager who they described as "Always receptive and acts on any issues raised." Staff were aware how to respond to concerns or complaints. Information on how to make a complaint was displayed on notice boards throughout the home. This was in a user friendly format and accessible to people. The home had a log of complaints. Two complaints were on file which showed complaints were acknowledged, investigated and responded to. The home had two compliments on file which complemented the staff on the care and support provided.

Is the service well-led?

Our findings

At the previous inspection in November 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure records were up to date, fit for purpose, accessible and failed to have effective systems and processes established to assess and monitor all aspects of the service they provided. The provider sent us an action plan informing us how they address the breach.

At this inspection improvements had been made to records management and the auditing of the service. The templates for care plans, risk assessments, daily records and the mental capacity assessments had been developed. These were well completed, accessible and detailed to outline the care required, the level of risk and the best decision being considered. The provider had identified through their own auditing that the daily records needed to be further developed to make them more person centred. A handover report had been introduced. This outlined the staff on duty, tasks to be completed and indicated which staff were delegated to support individuals and tasks, including cleaning and cooking tasks. Person centred pictorial activity programmes were in place with individual records maintained of the activities people participated in.

At the previous inspection the provider had systems in place to audit the service but the audits were not always effective in enabling them to monitor all aspects of the service provided. At this inspection we found improvements had been made to the way the service was audited. An annual health and safety audit was completed by an external company. The registered manager carried out monthly audits such as audits of medicines, health and safety, infection control, environment, food and hygiene. Alongside this they completed an annual development review which reported against the Care Quality Commissions domains of safe, effective, caring, responsive and well –led. The provider carried out monthly monitoring visits and a quarterly more comprehensive audit which included reviewing records, observations of staff practice, talking to staff and people who used the service. Action plans were in place to address actions from audits. It was not clear how these were reviewed and signed off as some actions completed had not been signed off as completed. The operations manager confirmed they were looking to introduce one action plan which would be reviewed at the registered manager's one to one meetings and the providers monitoring visits.

Relatives felt the home was well managed. They told us the current registered manager was the best manager the home has had. They felt she had made positive changes to the service and was very motivated which in turn motivated staff. A relative commented "The home is well-led and [manager's name] has the best interests of all the residents at heart." Another relative commented "The registered manager always goes the extra mile. She follows through on what she says which promotes trust with [family member's name]. Relatives described the registered manager as "Always accessible, brilliant, honest, open, gentle, kind, empathic and showed compassion."

A professional involved with the home commented "The manager has an open and transparent approach to communicating with me and my team."

Staff felt the home was well managed. They described the registered manager as accessible, approachable and committed to the service. They told us the registered manager had an open door policy and regularly supported them on shift. A staff member told us "The residents are the manager's priority and they will do what they can to support us to give people the care and support they require."

The registered manager had developed in confidence and in their role. However the staff vacancies and lack of a deputy manager made it difficult for them to focus on the areas they wanted to develop. They were aware of the vision and values of the service. These were to improve communication and involvement of people, develop more activities and community involvement and train the staff team to take ownership for specific aspects of care.

The registered manager is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The home was proactive in making notifications to us. The registered manager was aware of the duty of candour and their responsibility to act in an open and transparent way in relation to the care and treatment people received. The provider had a duty of candour policy to support practice.

Systems were in place to get feedback on the service. Regular resident meetings had been established and the minutes of the meetings were provided in pictures to enable people to understand them. Monthly staff meetings took place to enable staff to raise any issues or concerns about people's well-being. An annual survey was completed which sought feedback from relatives, staff and other professionals. At the time of the inspection the annual survey for the home was underway. A relative commented "We are given the opportunity to give feedback on quality of service. I have one to do at the moment this is by an anonymous questionnaire that goes to REACH head office. I think they listen to comments made and there is a newsletter that shows comments made by relatives and service users."