

Century Healthcare Limited

Gillibrand Hall Nursing Care Home

Inspection report

Folly Wood Drive
Chorley
Lancashire
PR7 2FW

Tel: 01257270586
Website: www.centuryhealthcare.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 was an unannounced comprehensive inspection which took place on 6 and 7 December 2018.

Gillibrand Hall is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Gillibrand Hall is a listed property set in its own grounds. It is located in a residential area, close to the town of Chorley. The home provides residential and nursing care for up to 50 people and at the time of inspection 50 people were living there. Accommodation is set on two floors. This includes accommodation for people with nursing needs and the first floor provides care specifically for people who live with dementia. There are a range of aids and adaptations in place to meet the needs of people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered provider, they are 'registered persons.' Registered managers 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 registered manager was supported in the day to day running of the service by a deputy manager.

At our previous inspection on 2 June 2016, the service was rated as 'good.' At the last inspection the overall rating had remained good, but some improvements to ensure that the service remained consistently safe.

We looked at how the service managed recruitment and found that this was not always safe. We noticed that staff had only been requested to provide a ten-year history of employment. This meant that not all checks had been carried out in line with the current regulations. We raised this with the provider who amended all application forms to capture a full employment history.

Medicines were not always safely handled. Although we found areas of good practice during inspection we had concerns about the safe temperature storage of medication. We found the daily maximum and minimum temperatures were out of range on one fridge and there were issues around this being reset. This was dealt with swiftly on inspection and a new fridge was delivered.

During a tour of the building, we found sliding bolts on the outside of some bedroom doors. We raised this as a concern and requested that they be taken off the doors immediately as this was unacceptable. This was actioned immediately.

Assessments of environmental risks and equipment had been undertaken to ensure people's safety and well-being. However, although work was currently being completed regarding re-wiring the service, we found that the electrical safety certificate for the service was out of date. We raised this with the provider who promptly arranged for the electrical safety check to be carried out. The provider told us that extensive work was being carried out and this was the reason for the delay.

All of the people we spoke with at the home, told us they felt safe. Staff knew how to keep people safe. Training in safeguarding adults had been undertaken and staff were clear about their responsibilities to report any concerns. The service also had a safeguarding champion, who staff could access for additional support.

The home was exceptionally clean and all staff had received training in infection control and were aware of their responsibilities in relation to this.

Specific risk assessments regarding individuals had been thoroughly undertaken and risk was managed well. The service had protocols in place in the event of vulnerable people going missing from the service.

Assessments of need were comprehensive and people's needs were considered before they came to live at Gillibrand Hall. We saw evidence of person centred care plans developed to meet their needs.

Staff had time to care. The service encouraged staff to spend protected time getting to know people and their likes and preferences. People we spoke with and their relatives told us there was always enough staff on duty. We reviewed the staffing rotas and found the staffing levels to be sufficient to meet the individual needs of the people being cared for in the home.

People received care from staff who were compassionate, kind and caring and people were treated with dignity and respect. Staff understood people's preferences and knew what mattered to the people they cared for. People were encouraged to be as independent as possible with support from staff. There was a welcoming and homely atmosphere at the service.

People were supported by well trained, competent staff, who received regular support and supervision.

People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible; the policies and the systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

Changes in people's health were identified and appropriate referrals to health professionals were made. People had sufficient amounts to eat and drink and their nutritional and hydration needs were well met.

People had opportunities for social engagement and activities, regardless of the level of disability. People told us that they were stimulated at the home and we observed people with profound needs benefiting from sensory experiences in the Namaste suite.

People were complimentary about the management team and the staff felt valued and well supported.

Systems were in place to support people to raise any concerns or make any complaints and we saw that the service learned from mistakes. We saw that a wide range of auditing and monitoring was carried out by the registered manager and staff at head office on a monthly basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

A robust recruitment system for the new staff had not always been followed.

Medicines were managed safely, in the main. However temperatures of medication stored in fridges were not always in range.

People told us they felt safe and thorough risk assessments were in place.

Sliding bolts were found on the outside of some bedroom doors. These were removed immediately.

Requires Improvement ●

Is the service effective?

The service was effective.

There was evidence of pre-admission assessments taking place and people felt reassured around the transition into the home.

People received a healthy, nutritious diet.

People told us they could see health professionals when they needed to and there was an emphasis on health promotion.

Staff were well trained and received training specific to the needs of the people they cared for.

Good ●

Is the service caring?

People told us that the staff were kind, caring and compassionate.

Dignity issues were managed well.

People felt listened to and had access to advocacy services.

Good ●

Is the service responsive?

Good ●

People where possible, were involved in the planning of their care.

People were offered the opportunity to take part in a wide range of activities

People with profound needs benefited from sensory stimulation.

Complaints were investigated appropriately and we saw evidence of learning from these.

Is the service well-led?

People told us the service was well-organised.

Morale was good and the staff team felt supported and valued.

The management team had a visible presence and any problems were resolved quickly.

Audits were in place and there was an open culture of leaning from mistakes.

Good ●

Gillibrand Hall Nursing Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 over two days, 6 and 7 December 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, a medicines inspector, a nurse specialist and two experts 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. The nurse specialist was a nurse that had experience of people with complex nursing needs.

Prior to this inspection we reviewed the information we held about the service. This included important information the service must tell us about by law, previous inspection reports, any information we received from the public about the service and the provider's Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and used it to inform our judgements. We also gathered feedback from the local authority safeguarding team and the local authority commissioning team to obtain their views on the service.

We spoke with a range of people about the service; four members of staff, including the Registered Manager, Chairman for Century Healthcare, twelve people who lived at the home and ten visiting relatives.

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.

The records we viewed included four care records, people's medication records four staff recruitment files, staff training records and other information in relation to how the provider and registered manager monitored the quality of care people received.

We contacted the local authority safeguarding team and the local authority commissioning team to obtain their views on the service.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe. One person told us, "Yes I am safe here, I have the best room in the house." Another person said 'I share with another chap. It's not a problem, I am safe enough." Relatives we spoke with told us that they felt assured the home was providing safe care for their relatives. One relative told us, "The care is wonderful here. My {family member} care takes 3 carers and they are always available".

At the last inspection we rated the safety of the service as good. However, at this inspection we found that this rating had deteriorated to requires improvement. This was due to some concerns found on inspection relating to recruitment, medication and inappropriate locks found on bedroom doors.

We looked at four staff member's files to assess how the provider managed staff recruitment. We noted the recruitment process included a written application form and a face to face interview. We noted a DBS (Disclosure and Barring Service) check had been sought before staff commenced work. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults to help employers make safer recruitment decisions.

However, on checking the recruitment records we noticed that staff had not provided a full history of employment. The application form requested an employment history only covering the last 10 years rather than a career history from the age of first employment. This meant that there were gaps in the employment history and not all checks had been carried out in line with the regulations. We raised this with the provider who amended the application forms in line with regulation.

We reviewed the arrangements in place for supporting people with their medicines. The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. NICE (The National Institute for Health and Care Excellence) guidelines were in place. These accompanied the homes medicines management policy, so staff who were responsible for administering medicines could refer to them.

People told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. We saw that there was a thorough recording of medication administration records (MARS) in place and good front photo page for all residents with clear details around specific administration, compliance and allergies. We observed medication deliveries were available in good time.

We saw that medicines were stored correctly and that medicines that needed to be temperature controlled were refrigerated. However, we found an issue with fridge temperatures on one unit, which was resolved by the delivery of a new fridge.

We saw that controlled drugs (CD's) were administered at the home. There are legal requirements for the storage, administration, recording and disposal of CDs. The homes medicines management policy covered the administration of CD's and we saw that effective procedures were in place.

We saw that where people received their medication covertly, eg in a disguised form, this was appropriately managed, with copies of mental capacity assessment and best interest's meetings. We also found excellent details on how to give specific medication covertly from the gp and pharmacy. Procedures and good practice guidelines were also implemented.

We observed staff administering medicines and found they did so in line with best practice guidance. We found that people prescribed as and when required medications had care plans in place to aid the safe and effective administration of their medications. Staff were regularly tested for competence for administering medicines and we saw evidence of audit documentation that been acted upon.

During our tour of the building we observed there were sliding bolts on the outside of some bedroom doors. This has the potential to allow other people or a staff member to lock an occupant in their bedroom. We raised this as a concern and requested that they be taken off the doors immediately as this was unacceptable. We also found some doors had a key locking system which meant that doors again could be locked from outside with a key. We were concerned about this type of lock and asked for these to be disabled as soon as possible. Following inspection we received written confirmation that this taken place.

We looked at environmental risks around the home and checked the safety certificates relating to gas, electricity and legionella checks. We found that the electrical safety certificate had lapsed. We raised this with the provider and they responded swiftly by organising this to take place. We received confirmation following inspection that this had taken place on the Dec 12th 2018.

The home had appropriate fire risk assessments in place which provided sufficient information to guide staff on how to react in the event of fire. We found fire safety equipment had been serviced in line with related regulations. Fire equipment had also been tested regularly and fire evacuation drills were also undertaken. People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. There were also detailed emergency planning and evacuation guidance in place for people who used the service.

We found that the service had robust systems in place to reduce risk to people at the home. We found that the care records seen had effective risk assessments in place to ensure people's individual needs were met. Risk assessments were reviewed on a regular basis to highlight the changing needs of people using the service. For example, we looked at one person's care records and found that the service had identified that the person was at increased risk of falls. The service had completed a risk assessment for this and introduced strategies to reduce this risk. The service had joined a falls collaboration partnership which led to the service reducing the number of falls. Through analysing the number of falls experienced by people using walking frames, the service identified that people were getting them mixed up with other people's. A project to individualise frames was undertaken which ensured people were using the correct ones. We saw visual reminders of the number of falls displayed for that month and signage reminding people to use their call bells, "Don't fall, call." The service had also implemented the Steady On falls guidance and we saw evidence of post fall assessments in place.

We looked at the records for a person who had specific behavioural needs. We found that the service had completed a thorough risk assessment and incorporated vital information into the persons care plan to enable appropriate support during periods of distress. Where people behaved in a way that may challenge others, this was managed appropriately and people's dignity and rights were protected. For people that would be a risk of significant harm if they were to leave the home unaccompanied, a Herbert Protocol form had been completed. The Herbert Protocol is a national scheme introduced by the police compiling useful information which could be used in the event of a vulnerable person going missing. We saw that there was

an information board in the office, highlighting individuals risks at a glance.

Effective safeguarding policies and procedures were in place. Staff demonstrated good knowledge and understanding of abuse to ensure sure people were protected. We saw that staff undertook regular safeguarding training and safeguarding champions were in place in the home, this meant that staff had another point of contact if they needed additional advice or guidance.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place and all staff had received infection control training and were clear about their responsibilities. The home was exceptionally clean and we observed all staff used appropriate personal protective equipment.

We looked at how the service was staffed, to ensure people's needs could be met safely. People we spoke with told us they felt there were always lots of staff on duty and they never had to wait for anything. We reviewed the staffing rotas and observed that staff had time to care.

There was clear evidence of learning from incidents, where senior managers had cascaded that learning to the staff team during team meetings.

Is the service effective?

Our findings

We received positive feedback from people and relatives about the knowledge, expertise, skills and caring approach from the staff. People received person-centred care because they were supported by a staff team that had good knowledge of the individuals they cared for. One relative told us, "The staff here are excellent. They go above and beyond, giving 110%."

We saw evidence of pre-service assessments of people prior to moving to the service. Several people told us of their positive experiences moving into the service. One relative told us, "The staff were kind and welcoming and made the transition from the previous home easy and pain free. I was given all the information I felt I needed to help me deal with the move." Another person described the reassurance they had received from the service at a time of transition, "Mum was very worried about [relative] moving but the staff have held her hand and guided her through."

People had their consent sought by staff, who could demonstrate they understood their responsibilities in line with Mental Capacity Act. (MCA 2005) The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and as least restrictive as possible. We saw that decision specific mental capacity assessments had been carried out when required and best interest decisions had been made, when needed, in line with the MCA. We also saw evidence of appropriate DoLS applications in place.

We observed staff treating people as equals and promoting positive, caring relationships. One person told us, "Everything is discussed with us, we feel involved." The service respected the rights and independence of the people who they supported. Another person told us, "[family member] is supported to be as independent as much as she can."

The service had a thorough training programme in place that helped to embed the values of the service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities. All staff had completed a comprehensive induction and said they received appropriate training. We found that many of the staff team had achieved NVQ level 2 and four staff members have qualified from the care home assistant practitioners programme. This programme qualifies staff to carry out delegated nursing tasks and work alongside nursing staff.

The service identified additional training relevant to the specific needs of people using the service, such as sepsis training, wound management and diabetes training. Training from the local hospice was also accessed. This enabled staff to continue to provide high quality care and support people at end of life. Staff were also engaged with equality and diversity training and some had completed lesbian, gay, bisexual and trans people (LGBT) training. This meant that they had an understanding of the issues facing the LGBT community. Staff worked very well as part of a team and felt valued. They told us they felt supported and

received regular supervisions and appraisals. We saw a supervision policy was in place and staff supervisions identified learning needs and performance reviews.

Coffee break training sessions were taking place and the service had champions in areas such as safeguarding, infection control and dignity. The service was also a dementia friendly organisation and had received recognition for organising awareness sessions for the wider community.

People relatives and staff told us people could see health professionals when they needed to. One person said, "If I need any doctor or anything like that I only have to say. I am my own boss." Health promotion was prominent within the service. Records we looked at showed evidence of referrals made to local authorities and other statutory services on behalf of people. We saw that in addition to the usual health plans in place, people had hospital passports and there was a focus on oral hygiene needs within the service. We also saw that staff were committed to the 'react to red campaign,' raising awareness of the prevention of pressure ulcers.

Technology was used within the service to minimise risks and promote independence, such as telemedicine and bed sensors. Telemedicine is a system where people can be assessed by health professionals using a secure video link. Staff explained how they attended a handover session at the start of each shift which ensured they could provide a safe and consistent level of care. These sessions ensured any risks or changes in people's needs were highlighted and staff told us these were effective. There was a positive culture within the organisation and there was an acknowledgement that although the service supported some individuals with challenging needs, they manage to achieve this in a person-centred way.

People received a healthy, nutritious diet. They told us they enjoyed freshly prepared meals and there was plenty to choose from. One person told us, "The food is good. You can choose what you want. There are tea and biscuits morning, afternoon and supper." People we spoke with felt meals were exceptionally good and they felt able to give feedback. We saw evidence of verbal feedback and observations of people's lunchtime experiences.

The chef was extremely knowledgeable about people's preferences and we saw evidence of these being recorded both prior to and after admission. The service had a 5-star food hygiene rating and had developed their own recipe book to ensure consistency. Snack boxes and alternative finger food menus were also available and people who required pureed diets had meals tastefully presented. We saw evidence of daily menus displayed and cultural food days celebrating foods from around the world.

The design and adaptation of the building appropriately met people's needs. The service was very homely and welcoming and people had personalised their individual rooms. Several people mentioned the warmth and atmosphere of the service. One person told us, "I felt an instant warmth when I entered the building."

The service had dementia friendly signage and we noted orientation boards, displaying the date, time and weather. People had access to appropriate outside space and benefited from a sensory garden and a Namaste suite.

Is the service caring?

Our findings

People talked fondly about the staff that cared for them, saying, "They are my family and really care for me." They told us that the staff were kind and caring and we observed the warmth in the interactions taking place during our visits. Relatives were full of praise for the service. One person told us, "The care is wonderful here" and another said, "I can't fault it. They are very kind and caring to [family member]." The care was also extended to families, one person told us, "They care for me we as well."

Staff we observed were genuinely compassionate and empathetic. We observed one person kept asking about her family member who visited every day. A member of staff took the time to sit with the person, tell her the time and explained that her family member would be along later. Another staff member kindly suggested supporting a person to move to give her a change of scenery. We observed numerous positive interactions between the staff and the people who lived at Gillibrand Hall, with lots of laughter. Staff knew the people they cared for extremely well and people's personal histories were well documented.

Staff treated people with respect and observed their privacy. One person told us, "The girls always ask if they can come into my room. They are thoughtful like that," and a relative told us, "The staff are helpful and show my [family member] respect. We observed one individual was assisted to eat and their dignity was maintained throughout the lunchtime experience.

Staff were person centred and had time to care. One relative told us, "The staff are lovely and very kind to my mum. They are always available for a chat." The service had introduced, "A gift of time," whereby every month, each staff member was allocated to a different person to spend protected time with. This time enabled the staff to get to know an individual's wishes, preferences and needs and contributes to person centred care.

The service also ran a "resident of the week," programme where people were asked about a wish they would like to come true and the service endeavoured to make it come true for them. This initiative meant that the person received a bunch of flowers, their care file was reviewed and they received their special treat. We saw evidence of one person visiting the library and another person enjoying a romantic meal for two.

We observed the individual nature of the care, where a former RAF pilot told us 'The staff took me to Preston and I saw lots of RAF items. Uniforms and flags. We had tea as well. I have lots of things to do here'.

Staff were creative in supporting people and described how they tailored services to individual's needs. For example, one staff member told us how one person with complex health needs was supported to go home. "The staff organized two trips for [family member], one to my home for a picnic which he really enjoyed and the second to the church where we married. It was very emotional but wonderful for both of us."

One staff member with a talent for dressmaking had made costumes for people to dress up in and adapted them for wheelchair users. This was a good example of the service promoted social inclusion. We were told that one lady had asked to dress up as Queen Elsa from the film Frozen and the staff enabled this dream to

come true, by adapting a family members prom dress. It was evident that staff were passionate about their work and the sense of satisfaction it gave them. One relative told us, "Staff give up their own time even. Dedicated staff in my opinion." Staff adopted a kind and caring approach to the care they provided and were attentive to individual needs. We saw positive interactions between staff and people who lived at the service and appropriate touch and humour was utilised. We observed that staff engaged regularly in conversations with people and people seemed very relaxed in their company.

The service used a model of care called Namaste that research has shown to improve people's quality of life. The service had created their own Namaste room which aimed to enable staff to cater to the personal needs of residents with advanced dementia, with the focus firmly on the individual. We saw that the Namaste care provided combined compassionate nursing care with meaningful activities for people with dementia at end of life. We observed people benefiting from sensory input, touch, music, massage and scents within the Namaste environment. The activities coordinator told us that they researched people's history with their families to provide the most effective outcomes. For example, for one person who used to work as a beautician, sensory activities around applying make up and old type perfumes were incorporated into the sessions.

Care and support plans clearly reflected that the service had carefully considered people's human rights and the support necessary to maintain their individuality, such as their religion, disability, cultural background and sexual orientation. Care planning included a completion of 'This is Me,' record which highlighted communication styles and preferences. We observed staff members spoke with people in a respectful way and were kind, caring and patient.

Dignity issues were managed well and the detail that went into the care plans for personal care was very clear with regard to allowing people as much privacy as possible whilst keeping them safe.

People had access to advocacy services. People told us that they felt listened to, they told us, "I like it here. They listen to us." Another person said, "It's like home from home. That reassures me." Staff demonstrated a very good knowledge and understanding of people's personal values and needs and talked about them in a respectful manner. The service produced a quarterly newsletter, including photographs and events that people had taken part in. People's views were sought and we saw evidence of satisfaction questionnaires. It was clear throughout the inspection that the service promoted people's independence and had created a welcoming atmosphere where everyone mattered.

Is the service responsive?

Our findings

Staff took the time to get to know people so they knew how people liked to be supported. People's needs had been assessed prior to admission to the home and people, where possible were involved with planning their care. Assessments of need and care plans were comprehensive and clearly identified people's needs and choices. Care plans provided staff with specific guidance on how to deliver people's care. They contained a variety of information about people's needs and preferences. Falls assessments, skin integrity risk assessments and malnutrition universal screening tools (MUST) were in place.

Staff were aware of the communication needs of the people they supported from their care plans. One staff told us how one person had suffered a stroke and struggled to communicate. This person used to teach Makaton, so the staff team adapted and learned how to use the signs, enabling them to communicate with the individual. The registered manager had an awareness of the accessible information standard and discussed how she utilised large print and easy read information to ensure people receive information in a format accessible to them.

Care was regularly reviewed and there was evidence of families being regularly consulted and updated on the welfare of their relatives. We also saw evidence of people's final wishes. The service supported people effectively at end of life and we saw messages of thanks, describing the how the staff had ensured people's last days were dignified and peaceful. One thank you card, stated "How deeply touched we were by the silent guard of honour your staff made as we left for her funeral."

People were encouraged to make choices and we observed staff encouraging people to make decisions around mealtimes, drinks and activities. All people living at the home were extremely well presented. People could call for staff assistance at all times to respond to their needs and staff were very visible.

We observed staff interacting and engaging with people in an inclusive way. People were offered the opportunity to take part in a wide range of activities such as trips, quizzes, board games and arts and crafts. During our inspection, a planned Christmas shopping trip to Botany Bay had been arranged and a fancy-dress fund-raising event had been organised where the staff had dressed up as elves. The activities coordinator was passionate about her role and actively engaged with people regardless of their ability levels. We saw evidence of activity logs, detailing people's activity and engagement levels and saw that people's birthdays were celebrated by organising family and friend's tea parties with birthday cake and fine china. We saw photographs of people taking part in activities and there was information about activities on offer and planned future events, such as the Christmas family quiz.

There were robust arrangements to ensure that people's complaints were listened to and responded to improve the quality of care. We saw evidence of complaints investigated and resolved and where the service had learned lessons from previous complaints. We were informed that a service user guide and respite care guide had been developed from learning from a concern. We saw that copies of the complaint procedure were accessible. All people we spoke with said they had no concerns and felt that if any issues arose they would be confident in bringing it to the attention of the registered manager.

Is the service well-led?

Our findings

People and staff spoken with told us the service was well-organised. There was a positive culture within the service. People knew who the registered manager was and it was evident that she knew the needs of the people very well. The management team were passionate about the service and their core values were shared with the staff team.

Audits were in place covering areas such as, accidents, incidents, safeguarding, falls monitoring, care plans, medication and health and safety. Although some issues found on inspection were not picked up through the audit process, the provider was open and honest and took immediate steps to rectify the concerns we raised on inspection. There was an open culture of learning from mistakes and incidents, accidents and falls were analysed. Audits were submitted to head office on a monthly basis which enabled the provider to identify any pattern or trends and to determine whether there was any action that could be taken to prevent further occurrences. The registered manager told us she felt well-supported by the management team and staff confirmed that they had a visible presence and visited regularly. One person told us, "Management are very approachable. I know who they are."

All people who used the service said that they felt listened to. People and their relatives felt able to express their views and took part in customer service satisfaction surveys. Families told us they were kept updated. One person commented, "The team will ring if there is a problem and always keep me informed." People were extremely happy with the way the service was run and we read many compliments and thank you notes from people. One person said, "To know that [family member] is in safe hands with your kind and professional staff is a massive weight off my shoulders." Another compliment read, "We couldn't have asked for a more loving place for him to have spent his final days and we will be forever grateful."

Regular staff meetings took place and we saw evidence of staff handovers. Staff told us they felt listened to and felt confident raising any concerns with management. All staff we spoke with said that they enjoyed their job and morale was good. One staff member told us, "If I have problems I can speak to her, she is a fair manager. We get rotas in time and it is well organised." Another staff member said, "I love working here. The standard of care is fantastic. I know people are well looked after." People felt well supported and inspired by the management team and spoke highly of them. One staff member told us, "It is very well led, if there are any problems, they are always resolved quickly." It was clear that staff felt valued and treated fairly.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a "notification." The provider had made timely notifications to CQC when required in relation to significant events that had occurred in the home.