

Gedling Village Ltd

# Gedling Village Care 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection was carried out on 03 April 2017. Gedling Village Care Home provides accommodation and personal care for up to 60 older people. On the day of our inspection visit there were 49 people who were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood the risks they could face and knew how to keep them safe. Risks to people's health and safety were identified and action was taken when needed to reduce these. There were sufficient staff employed to meet people's needs. People received their medicines as prescribed and these were managed safely.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. People were supported to make choices and decisions for themselves. People who might lack capacity to make certain decisions were assessed to see if they did, and if needed decisions were made in their best interests.

People were provided with a nutritious diet which met their needs and were provided with any support they needed to ensure they had enough to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own care and some people were supported by relatives in doing so.

People received individualised care and they were able to participate in meaningful interaction and activities. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

Some systems for auditing and monitoring the service were not being used effectively. Staff worked well as a team and were supported with their work by the registered and deputy managers.

## 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 felt safe using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff who had been recruited safely.

People received the support they required to ensure they took their medicines which were stored safely and securely

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

Peoples were supported to make choices and decisions for themselves. People's capacity to make decisions was assessed, although this may have been done on occasions when this was not needed. DoLS had been applied for when required.

People were provided with a nutritious diet and received any support they needed to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

### Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People and their relatives were involved in planning and reviewing their own care.

Staff had positive relationships with people and respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and were provided with meaningful interaction and activities.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

### Is the service well-led?

Requires Improvement ●

The service was completely well led.

The service was not being effectively audited or monitored.

People had opportunities to provide feedback and make suggestions.

Staff were provided with support and guidance about their role.

# Gedling Village 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 on 04 April 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with 11 people who used the service and two relatives. We also spoke with four members of care staff, the cook, the deputy manager, the registered manager and the regional manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.



## Our findings

People told us they felt safe using the service and they were treated well by staff. One person said, "I am very safe and happy here; it's the best place ever I think. The staff are lovely, kind and nice to me." Another person told us, "I have every faith, it's my life in their hands here and I feel as safe as houses." A relative said they visited regularly and at different times of the day and said that whenever they visited, "It is always good, I know my [relations] are safe here." The relative also described how their relations were supported with their care safely.

Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur. They described indicators that could signify a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising. Staff told us they would report any concerns they suspected or identified to a senior member of staff on duty.

The provider informed us on their PIR that staff had safeguarding training and information about safeguarding was displayed on staff noticeboards. Staff confirmed they had received safeguarding training. The registered manager told us some staff had received this as a group in a taught session and others had undertaken this through completing workbooks. The registered manager said that they were clear on when to report any safeguarding concerns to MASH and had done so on a number of occasions. MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

People felt the care and support they received from staff helped keep them safe. One person said, "If I falter I know someone is going to come." We saw several occasions where people were supported with the use of a hoist during our visit. On each occasion we saw this was done in a safe way with people being given plenty of explanation about what was happening and reassurance they were safe. We asked one person when they had been transferred from one chair to another using the hoist how that had felt and they replied "fine".

The provider informed us on their PIR that people were responded to promptly if they rang for assistance. Care was taken to ensure people who spent time in their rooms could summons help if they needed this. One person told us "My buzzer is always to hand and they (staff) make sure of that." We saw call bells had been placed appropriately and within people's reach when they were sat in chairs in their bedrooms.

The provider informed us on their PIR that all risks associated with the service were risk assessed and all

equipment was regularly serviced. Staff understood the purpose of risk assessments and how these provided information that could be used to reduce risks people faced. One staff member said, "We monitor the environment for trip hazards." Another staff member told us they carried out a visual check on equipment before using this. They also said that each person who needed to use a hoist had their own sling which had been measured to fit them properly. People were able to access the grounds independently as the perimeter was secure, and we saw people doing so during our visit. One person told us, "We are allowed to go out when we want, with certain restrictions, I need someone with me as I am unsteady on my feet."

Measures were in place to ensure people were kept safe and to identify where risks may occur. One person who had fallen a number of times had been referred to the falls prevention team. Measures had been implemented to reduce the risk of falls for this person, including the use of some equipment and providing them with support when they were walking. Staff were aware of this risk and what measures had been agreed to reduce the risk of the person from falling.

We saw records that showed regular checks of the environment were carried out, including testing the fire alarm and emergency lighting. Records also showed safe practices were followed to prevent the risk of legionella bacteria developing. There were regular safety inspections of equipment such as fire extinguishers, wheelchairs and moving and handling apparatus to ensure this was all in good working order. Where a person had bedrails fitted we saw there was a risk assessment in place with a rationale as to why this was appropriate for the person concerned.

There was a notice informing people of when the weekly fire alarm test took place, which was on the day of our visit. The maintenance person informed everyone at the service prior to the test being carried out so nobody would be worried or upset. Staff also reassured people when the alarm sounded that this was a test. Each person had a personal evacuation plan (PEEP) in place should an emergency arise, such as an outbreak of fire, which described how to evacuate them from the building safely.

People and visiting relatives we spoke with felt there were enough staff on duty to provide the supervision required on each floor of the service and to attend to people's needs. People told us there was always a staff member nearby and we saw staff were deployed appropriately around the service. One person told us, "There is always someone to call if I need to." We saw staff provide people with support in a timely, confident and competent manner and positive interactions were taking place when they did so.

The provider informed us on their PIR that staffing levels were adjusted according to people's dependency levels. Staff told us there were sufficient personnel allocated to be on duty when each new rota was prepared. There were some occasions when staff who had been allocated to work were unable to do so, sometimes at short notice. They told us other staff were asked to cover any vacancy and on occasions this could not be done either the registered manager or deputy manager would assist with people's care. Some staff told us that on occasions there was a lack of organisation and deployment of staff to work in certain areas. They said this led to staff not always being where they were most needed. We looked at the handover book and saw this did not show how staff were deployed during a shift. The registered manager said shift leaders were meant to record where staff were allocated to work and they would take this up with them to ensure this was done in future.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.



People were supported to have any medicines they needed when these were required. One person told us how staff had needed to sort out their medicines when they moved into the service as there were some complications with these. They said, "They manage my medication well now." A relative told us they had discussed a problem concerning their relation's medicines with staff to ensure these were given at the most appropriate time. The relative told us, "They addressed this so it's alright now."

We observed a staff member administering people their medicines during the morning. This was done following safe practices and it was evident the staff member knew how people preferred to take these. The staff member wore a red tabard to indicate they should not be disturbed during the medicines round, but they took this off when giving one person their medicines. The staff member explained to us the person would not take these if they were wearing the red tabard. Another staff member administering medicines in another part of the service was clear about the importance of one person having their medicines at the correct time.

We found there were suitable arrangements that ensured medicines were stored securely, and at the required temperature when needed. There was a suitable procedure in place for ordering new medicines and accurate records were made on medicine administration records (MAR) when people were administered their medicines. Protocols were in place for medicines to be given when required (PRN) providing information about when and how these medicines should be managed safely.



## Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person described how staff knew to use some equipment they needed when supporting them. The person also said staff, "All quickly learn how to manage me and my little funny ways." A relative told us, "They appear to know what they are doing and are trained well."

New staff were provided with an induction to explain their role and what was expected of them. A staff member said this included a period of 'shadowing' an experienced staff member. The staff member described the induction as "in depth" and said that it helped new staff to "learn the routines". The registered manager said they had not introduced the Care Certificate into their training yet, but this was something they planned to do shortly. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff were provided with the training and support they needed to carry out their work. Staff told us they received the training required to carry out their roles. They told us they had regular training opportunities, which involved completing workbooks as well as some face to face training. Several staff spoke positively about a recent course on dementia they had attended and other staff were also going to attend this training. Staff referred to this training when discussing one person they had supported.

Staff said they had regular opportunities to discuss their work and any support they needed in planned supervision sessions with their line manager. They spoke of the value of having supervision where they could raise and deal with any issues that may affect their work performance. Staff said some topics were covered in group supervision and that they also had an appraisal where they received feedback on their work performance. Staff described feeling supported and valued in their work.

People were asked if they consented to being provided with any care and support before receiving this. We saw people being asked for consent and what they wanted to do throughout our visit. This included whether people wanted to take part in an activity, where they wanted to sit and what they would like to eat. People had been provided with a choice of meal during the morning by one of the kitchen staff. This was done in a way so that people understood the choices that were on offer and were given the time they wanted to make their decision. When needed picture cards were used to aid people to make their choice. The provider informed us on their PIR that people were asked if they wanted to be checked on in the night.

We saw one person told staff they wanted to remain where they were sat when they were asked if they would like to sit at the dining table for their lunch. Staff then brought a portable table to the person and laid this for them to have their lunch where they wanted. A staff member who was leading the shift told us, "I see staff checking that it's okay to help a person." They added that, "We assume everyone has capacity."

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.

We checked whether the service was working within the principles of the MCA. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made. However we also saw that some assessments had been completed when there had not been any indication the person was unable to make the specific decision for themselves. This undermined one of the MCA principles to assume people had capacity to make a decision for themselves, unless there was an indication that they may not be. The registered manager told us they would review their practice and only complete a mental capacity assessment if there was a doubt the person could make the decision for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for DoLS where appropriate and some of these had been granted, and others were waiting for the decision to be made. There was a date showing how long each DoLS was valid for and when a new application needed to be made. No conditions had been made on those DoLS we saw that had been approved.

People were supported to have sufficient to eat and drink and to have a balanced diet they enjoyed. People were complimentary about their meals and the quality of the food. One person told us, "The food is good home cooking and that's it, just what you would have at home." Another person said, "The meals are gorgeous, you can see how good they are." We saw the lunch served looked well cooked and appetising. The meal included Yorkshire puddings which caused some amazement at how much these had risen and this led to discussions about recipes and how to cook these.

People's preferences were accommodated with their chosen diet and where they ate their meal. People were able to have their breakfast at a time that suited them and we saw some people were having a cooked breakfast at various times during the morning. We observed the lunchtime was planned to provide people with a pleasant dining experience which encouraged them to eat well. Tables were laid nicely and drinks were available for people to help themselves, but staff were on hand to pour these for anyone who needed assistance. People were provided with any support they needed to eat their meals in a sensitive and caring manner. There were cold drinks available, and we saw jugs of juice in people's rooms and drinks dispensers within communal areas. The registered manager told us the drinks provided were fortified to provide additional calories. Staff were aware of people's nutritional needs and any risk they had in connection with eating. This included anyone who required a specific diet and who could be at risk of choking.

People's weight was monitored through being weighed monthly, and if there were any concerns about someone's weight change they were weighed more frequently. Some staff said the changes made in the service recently had resulted in a more inclusive mealtime where people were having an improved meal experience. Staff also told us they had found people's weights had increased. The cook told us they "insisted on being kept up to date" with people's weights so they could support anyone who was losing weight and "fortify" their meals. This involved having a discussion with the person as to how they would do this, for example using butter, full fat milk when preparing their meals and using thickened cream on desserts. The cook had a file of information about people's needs, preferences diets and allergies and told us there was not anyone who required a specific diet for cultural or religious reasons. The cook said they were kept informed by staff of any new issues and they saw staff provide people with encouragement and assistance to eat their meals, as well as have drinks and snacks. People were able to have options that were not on the menu and could request snacks between meal times, including people having an individual snack box with their preferred snacks in.

People were supported to maintain good health and had access to healthcare services. One person told us, "If ever I need a GP or anything, there's never any hesitation they (staff) are on it straight away." There was a local community healthcare professional who visited the service most weekdays and was actively involved in monitoring people's health and in making plans to maintain or improve this when needed. A relative told us they were kept informed about any health issues their relation had and that "the 'care home nurse' comes in regularly to check on [relation]".

Staff knew about people's healthcare needs and told us they recognised any signs or symptoms if someone was not feeling well. They told us they would call for a doctor or nurse to call if needed. One staff member said, "I feel we work in a person centred way with people's health needs." The registered manager told us they were taking part in a study organised by a local university that was designed to identify how to improve the quality of healthcare services people living in care homes received.

Records showed healthcare professionals visited the service including weekly visits by a GP and six weekly visits by a chiropodist. Each person had a hospital passport which contained information about them that would assist hospital staff if case they needed to be admitted in an emergency. All staff received training in first aid.



## Our findings

People described staff as "amazing", "brilliant" and "patient", as well as being "kind and caring". One person told us, "Their patience goes beyond their call of duty. I would say some (staff) could walk on water." Another person said, "I was in the land army and I know what it's like to work hard and these staff certainly work hard." A third person said, "It's nice to be free to be who you are. I feel very special here. They (staff) make me feel special." Yet another person told us they had "a fuss made" of them following their recent birthday and that having reached a certain age "was special".

Relatives also spoke positively about staff being caring. A relative said, "The staff are all very kind, courteous and polite." Another relative told us how their relation had been able to change rooms to one with a better view. The relative said their relation was much happier with this adding, "You see it's the things like that that make a big difference, and they picked up on that and made it happen for them."

During our visit we observed people involved in conversation with each other and there was a vibrant atmosphere in the service. Staff described their colleagues as caring and said they had regular contact with people's relatives. They spoke of completing a life history form with relatives to get to know about the person and things they may be interested in. A staff member told us how they enjoyed working at the service and supporting people living with dementia.

The provider informed us on their PIR that staff were encouraged to engage with people in a meaningful way and to avoid being routine and task orientated. We found examples of staff being thoughtful and caring and providing people with meaningful experiences. At one point we passed one person's room and found a member of the housekeeping team had just applied the person with some lipstick, which we found they did regularly. It was evident this staff member knew the person well and clearly had a strong relationship with them.

When one person was approaching a significant birthday the deputy manager succeeded in tracking down their old employer. The person had held a significant position with this employer and they sent a photograph of the person in this role to the deputy manager to give the person on their birthday. The employer also sent the person a personalised birthday card with their picture on. The deputy manager's actions had made the person's birthday celebrations special which the person's family said they had all really appreciated.

People who wished to follow their religious beliefs were provided with opportunities to do so. A visiting

person of faith had been to undertake a religious practice with one person and told us they enjoyed visiting the service and found that staff were friendly and helpful. They also commented that their observations were people who used the service were happy.

People were involved in planning their care and support and making decisions about this. A relative told us, "I have had a lot to do with the care plan, they recently reviewed it and I went through it then too." A staff member described how they were planning to review one person's care plan with them. They said people were involved in making decisions because, "It's their home, their life." The registered manager told us they had changed how they prepared and reviewed care plans and that people were now involved in these as a matter course.

The deputy manager told us how they had included some people who used the service in staff recruitment interviews and had found the initiative very positive. The registered manager said one person had asked applicants a question about how would they support someone who has dementia. They said this had provided some responses that had helped towards deciding which applicants should be offered a position.

The registered manager told us there was no one who used the service at present that had the support of an advocate. They told us there was information available in the service about how to contact an advocate and the support they would provide. The registered manager said a leaflet about advocacy was put into people's welcome packs when they started to use the service and they would support someone to contact an advocate if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect and that staff were polite and respectful. One person said, "They treat us all with the best respect. It's nice to be treated so well." Several people referred to being supported in the way they preferred with their personal hygiene. One person said, "They shower me every morning, and it makes you feel so much better." We saw people were well presented and had been supported with their appearance, and they told us their laundry was done to a high standard.

Staff described how they treated people with dignity and respect. They described how they provided any personal care in a way that promoted people's privacy, encouraged their independence and respected their modesty. One staff member told us, "I make sure people have privacy when I am helping them. Another staff member described using a screen when someone had a fall whilst they were checked for any injury and then helped to get up. People were able to make an appointment to have their hair cut, washed and styled with a visiting hairdresser. The provider informed us on their PIR they recognised the risk of social isolation and loneliness as well as the importance of respecting people's confidentiality.

All areas of the service we visited were clean and people's bedrooms showed signs of personalisation. There were fresh flowers in communal rooms and we found there was a pleasant aroma throughout the service. Consideration had been given as to how to make the environment easier for people who may at times be forgetful or have poor vision. This included the use of colours and signage that people who may be living with a dementia related illness would more easily recognise. There were also large clocks displaying the time and pictorial displays informing people of the day and date and what the expected weather was.



## Our findings

People told us they received the care and support that had been planned for them to receive and this met their needs. They spoke of receiving their care and support when they required this and being happy at how this was provided. One person told us, "We have everything we need here." Another person described being able to follow the routine they preferred each day.

People had opportunities to take part in activities and events organised in the service. One person told us there was a staff member who, "Looks after the social side, arranging games and outings" and pointed out the activities coordinator to us. We heard several people having a discussion with one staff member about looking forward to going on a boat trip now the weather was improving. They reminisced about how much fun everyone had on this last year.

There was a plan of forthcoming activities on display along with pictures of people enjoying taking part in past activities, as well as information about regular events that were held. We saw a group of people joining in an exercise game during the morning which was creating much laughter and merriment. Records were made when people took part in an activity to ensure everyone had opportunities for social activity. The provider informed us on their PIR that visitors were welcome to visit at any time of the day. We saw visitors spending time with people they had come to visit and staff told us they were welcome to come at any time.

People were supported to follow their own interests and preferences. We saw one person was assisting with some domestic duties, and staff told us the person enjoyed this responsibility and liked to be "kept active". Another person told us they had discussed visiting a garden centre with the registered manager to select some plants to decorate in front of the service and provide some colour. The person had an interest in gardening and had helped in the garden previously. A third person, who was a strong supporter of the royal family, had been taken to see a member of the royal family carrying out a visit nearby. The person was able to meet the member of the royal family and had their picture taken with them shaking hands. This photo was now proudly displayed in the person's bedroom.

Each person had a care plan to describe the support they required and how this should be provided. One person told us that staff were encouraged to, "read and use my notes". The person said this was "good" and that they checked to ensure these were accurate. The registered manager told us they were preparing new care plans for each person, and they were approximately halfway through this task. One staff member told us they were improving the care plans so they "have a good picture of people".

We reviewed some of the newly written care plans and found these to be detailed and contained clear information. We also reviewed one of the care plans that had not been rewritten and found this was lacking in accuracy and detail. The registered manager said they had identified where care plans needed to be improved and they were working on this.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. There was a procedure to explain how to make a complaint on display in the communal areas and in each person's bedroom. One person told us, "I would go to the manager if I had a complaint and needed action." A relative told us, "Things I have raised have been addressed."

Staff said that people knew how to make a complaint. One staff member said people may not know the complaints procedure, but they all knew they could go along to the office if they wanted to raise any issues or concerns. The provider informed us on their PIR they showed "empathy and understanding" to any complaints made and that these were taken seriously and investigated. There had been 13 complaints made in the preceding 12 months.





## Our findings

There were systems in place to audit the service to confirm the correct policies and procedures had been followed, and identify where any improvements could be made. However we found that although audits were carried out these did not show what actions were needed to make the improvements. Additionally there were no checks carried out in audits that improvements needed in previous audits had been made. We saw medicine audits had repeated some errors from one month to the next but there had not been any recognition that these errors had already been highlighted and not corrected. Staff files were not audited to ensure the correct recruitment checks had been carried out prior to anyone starting their employment. Although the staff files we looked at were complete if there had been an error this would not have been detected. The regional manager said they would raise this with the provider's quality assurance team who had produces this documentation.

A record was kept of all falls that occurred in the service so these could be analysed to see how falls could be prevented in the future. We reviewed the analysis carried out and found some of this information was unclear. This had not been used to identify any themes, trends or other common circumstances that could be used to reduce the risk of falls occurring.

We found other records kept to monitor areas of the service were not up to date. This included the staff training matrix so this could not be monitored to identify when staff were due for any training refresher. Additionally there was no record kept that showed when staff training workbooks had been completed and sent for marking. The minutes made from meetings held did not include checks that decisions made in previous meetings had been implemented. Staff meeting minutes had not been made available for staff to see following the most recent meeting some weeks previously.

People described their experience of the service as being well run and having a positive culture. One person told us; "It appears well managed and you can tell everything runs smoothly." A relative said: "I think this is a well led home, they keep me well informed and I can talk to them about anything and it's sorted." Staff felt there was a "good culture" in the service and they could speak up if they had made a mistake.

There had been a number of changes to the way the service was managed over the last year. This included no longer providing a short term rehabilitation service. As a result of this some changes had been made to how the service operated. This included more people using the ground floor communal areas. People told us this had resulted in some positive changes such as more opportunities to socialise with others. One person said, "We get a lot of chatting sitting at the meal table now."

People were able to make comments and suggestions in residents meetings. The provider informed us on their PIR when residents meetings were held each month, which was on the day we visited. During our visit there were two separate meetings held in different part of the service. These included discussions about fund rising, what activities people would like provided, what outings they would like arranged as well as a discussion about the meal time arrangements and menus. There was some useful information and advice displayed on noticeboards, including identifying staff, information about local associations and support groups and an information leaflet on how to communicate with a person who was living with a dementia related illness.

Staff told us that they found the management of the service to be open and approachable. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

The provider had implemented a quality assurance system in line with the questions we consider when undertaking an inspection. There are is the service, safe, effective, caring, responsive and well led? The regional manager was visiting the service on the same day as our visit and was undertaking an audit of whether the service was caring and they told us during the day that so far the feedback was positive. We saw a report completed following a survey of the views of people who used the service, as to whether the service was well led. The responses to this were mainly positive and there was an action plan made to address issues that were raised.