Sanctuary Care Limited

# Lake View Residential Care Home

## Inspection report

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Date of inspection visit:
10 February 2016
11 February 2016

Date of publication:
12 May 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Our inspection took place on 10 and 11 February 2016 and was unannounced. We last inspected the service on 18 November 2014. The service was rated as requires improvement after that inspection but there were no breaches of regulations.

Lakeview is registered to provide care and accommodation up to 60 for older persons, some of whom may be living with dementia. There were 51 people living at the service when we carried out our inspection.

While the service had a registered manager, they were not working at the service at the time we carried out the inspection. There was an acting manager in place and the provider had recruited a new manager that was due to take over the registered manager post in the near future. 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 said they felt safe living at Lakeview although we saw some occasions where staff had assisted people to move unsafely. People told us there was enough staff to keep them safe, but some requests for assistance were occasionally delayed. Staff knew what the signs of abuse may be and how to raise concerns and to whom. People said they had their medicines when needed. We saw new staff were vetted to ensure they were safe to work at the service. We saw individual risks to people were identified by the service, and staff were mostly aware of these. There was however some scope to improve some people's records to ensure that risks to people, and how they were to be minimised, were clear so staff had access to accurate information about people.

People's rights were promoted, and their best interests considered. Most people were confident in staff that they saw as skilled and competent. People had a choice of, and enjoyed, the food and drinks that were available to them. People's health care needs were promoted.

People said staff were kind, caring and respectful. People said staff treated them well. People's privacy was promoted by staff, and they were able to make choices about the care and assistance staff provided to them. People's independence was promoted.

People felt involved in their care. Staff were aware of people's needs and preferences. Most people said they were able to pursue pastimes that they enjoyed and follow their chosen lifestyles. People said they were able to complain if they were dissatisfied and were confident any issues raised would be resolved.

People and staff felt able to approach management, who were said to listen to them, and what they had to say. There were systems in place to monitor the quality of the service. While there was scope to make some improvements, these were identified by the provider or, when reported to the provider we found there was a quick and robust response. Staff felt well supported and enjoyed their work.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe

People felt safe although there were occasions where staff had assisted people unsafely. People said there was enough staff to keep them safe, but some felt assistance was occasionally delayed. Staff could identify signs of abuse and knew when to raise concerns. People said they had their medicines when needed. Checks were carried out on staff to ensure they were safe to work at the service. We saw individual risks to people were identified by the service, and staff were mostly aware of these.

### Is the service effective?

**Good**

The service was effective.

The provider had ensured that people's rights were promoted, and their best interests considered. The majority of people told us that they had confidence in staff who they felt were skilled and competent. People had a choice of, and enjoyed the food and drinks that were available to them. People's health care needs were promoted.

### Is the service caring?

**Good**

The service was caring

People told us staff were kind and caring. People said staff treated them respectfully. People's privacy was consistently promoted by staff. People had choices given to them before and during the care and assistance staff provided to them. People's independence was promoted.

### Is the service responsive?

**Good**

The service is responsive

People felt involved in the care and support they received. Staff were knowledgeable about people's needs and preferences. Most people were able to pursue pastimes that they enjoyed and were supported by staff to follow their chosen lifestyles. People

felt able to complain and were confident any issues they raised would be addressed to their satisfaction.

## Is the service well-led?

Good

The service was well led

People and staff felt able to approach management, who were said to listen to what people said. There were systems to capture and review people's experiences and to monitor the quality of the service. Areas where there was scope for improvement, where not already identified, were quickly and robustly responded to by the provider. Staff felt well supported and enjoyed their work.

# Lake View Residential 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.

The inspection took place on 10 and 11 February 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a special advisor who was a practising dementia care specialist. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service, including notifications of incidents that the provider had sent us since the last inspection. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We also heard the views of local commissioners about the service prior to our inspection. We considered this information when we planned our inspection.

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

We spoke with 12 people who used the service and three visitors. We also spoke with the area manager, the manager, deputy manager, four senior carers, five carers and one activities co-ordinator. We also spoke with two students on work experience. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at seven people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at records relating to the management of

the service. These included minutes of meetings with people, training records, complaints records, stakeholder survey records and the provider's self-audit records.

Requires Improvement

# Is the service safe?

## Our findings

We saw occasions where people were supported to stand by staff using underarm lifting techniques that could potentially injure people. This was despite staff telling us when asked that they should not support people in this way. The deputy manager confirmed that training staff had received instructed staff not to use these methods and to use safe techniques. We also saw one person transferred into the chair using a hoist and sling. We saw the sling was pushing the person's head forward and they presented as uncomfortable. This was discussed with the management team who confirmed an incorrect size sling had been used for the person. The deputy manager told us that they would revisit the training with the staff concerned and carry out further observations to ensure staff practices were safe.

Most people said there were enough staff available to ensure they were safe, although some people told us they was sometimes a delay in the how quickly staff responded but they never felt unsafe. One person said, "There's never much in the way of carers. They do need more carers" and staff response, "Depends on what they're doing". Another person said, "They're [staff] really rushed off their feet". Other people felt there was sufficient staff with comments from three people including, "They come quickly", "I've always got this call bell. Sometimes they're very busy but they're not that long", and, "They come immediately" in response to the call button. A relative told us, "They can't be in two places at once but they seem to cover it pretty well" and a second relative said, "There always seems to be [enough staff]". Staff we spoke with said that there were occasions when they may be short of staff due to sickness. They told us that the provider did use bank and agency staff when this was practicable however, and they felt there had been improvement recently. We saw staff were visible around the home and that they responded quickly to requests for assistance from people. There were however some occasions on the first day of the inspection where we saw work experience students supervised lounges without substantive staff. Staff had told us they understood they were not part of the dedicated staffing allocation and should be working under supervision. We discussed this with the manager who said they would ensure this did not reoccur.

The provider had taken steps to ensure people's medicines were managed safely and people received medicines as prescribed. People told us they had their medicines at the times they preferred to take them, and were able to have painkillers when needed. One person told us "They'd ask you where you're feeling pain, do you want a pain killer" another person said, "I've only got to ask and I'd get it" in respect of pain relief medicine. We saw senior staff administering medicines and these were given to people in a way that was safe. We saw staff applying prescribed creams and while people told us these were applied when needed we found staff were not always recording the application of the cream. We looked at some people's medicine administration records (MAR) and found these on balance were well completed. Staff were aware of what action to take when people refused to take important medicines. We saw that the service had been audited by their contracted pharmacist recently and one of the senior staff was able to show us the improvements they had made to the way medicines were managed in response to this audit.

People told us they were not concerned about their safety and said they were cared for in a safe way. One person said, "I feel pretty safe. They help me. I always have someone with me when I get up or go to the bathroom".Another person told us, "If I didn't feel safe I wouldn't be happy". We spoke with relatives who

also told us they thought people were safe at Lakeview. People and their relatives were aware of how to raise any concerns about their safety, although they all told us they had never had to. This showed people felt safe and were well treated.

Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. Staff were able to describe what abuse looked like, when they should escalate concerns and to whom. One senior staff member told us, "If I had any concerns I would report it straight away. I would write a statement and take it to the management". A second member of staff said, "If something is not right I will question it". This showed staff knew how to raise concerns to ensure people were protected.

We found that systems were in place to ensure that the right staff were recruited to keep people safe. We spoke with staff that had been recently employed and they confirmed that checks, for example Disclosure and Barring checks (DBS), were carried out before staff began work at the service. DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision.

We saw risks to people had been identified, assessed and recorded in their care records. We did however find some instances were people's risk assessments were not accurate, for example some people's records were contradictory, one person's care plan stated different information to the moving and handling risk assessment in respect of how many staff were needed to assist the person safely. In addition some people's personal evacuation plans (in place in the event of a fire) contained contradictory information about people's mobility. Staff were however able to describe ways in which risks to people were minimised, and a senior staff member told us that some people's risks assessments were to be reviewed to ensure staff had accurate guidance available. Staff were well informed as to what steps to take if a person had an accident in relation to monitoring a person's wellbeing and reporting. This showed that while risk assessments were not always accurate, staff understood what they needed to do to promote people's safety.

Good

# Is the service effective?

## Our findings

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. The staff demonstrated a good understanding of the MCA and understood how they should promote people's rights. We saw people's capacity was assessed and where there was possible restriction their consent was sought. For example we saw best interest decisions were made that had involved the person and all other relevant parties. While people said, or we saw, they were not restricted their capacity assessments showed they had consented to a number of decisions, including some that were complex and others that would be less so. For example an assessment of their consent to accommodation also included consent to personal care as opposed to considering their consent on a decision by decision basis. The area manager said a review of these consent forms would be proposed to the provider so a person's ability to consent could be considered in respect in of specific decisions, some for which they may require more support than others. People we spoke with told us they were able to make their own decisions, one person saying, "I make my own decisions", another that, "We can come and go as we please". We saw staff gained people's consent before they supported people with care asking them prior to providing support and throughout the task. Staff were aware of the importance of gaining consent, one telling us, "I always ask people's permission before I do anything" and adding that if someone refused personal care they encouraged them but respected their wishes. We saw staff respected people's wish to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had identified there were possible restrictions in place for some people, to promote their safety, and they had made the appropriate applications to the local authority for a DoLS authorisation. At the time of the inspection they were waiting for these to be agreed by the managing local authority. We saw the provider had systems in place to identify where people had representatives with power of attorney and what decisions they could make, for example decisions about a person's care and welfare.

People told us they experienced positive outcomes regarding their health and this was promoted in partnership with community healthcare professionals. One person said, "They'd fetch the doctor if you were really unwell", another person said that if unwell, "They'd [staff] look after you and get the doctor". A relative told us, "The care [the person] got from doctors, district nurses and staff was unbelievable. It was so good". We saw some people were assessed as needing support to reposition to relieve pressure on their skin. We saw that contact had been made with health professionals when there was concern about people's skin and care plans detailed advice from, for example, district nurses. While we found some gaps in recording staff told us people were moved to ease pressure on their skin as needed and we saw equipment needed was available. No one who lived at the service had any pressure related ulcers at the time of the inspection. We saw people's records showed regular contact with external health professionals, although some people did

say they had no recent dentist visits, this not something they were concerned about. Management told us they would review people's access to the dental service they used.

Most people said they received a choice of good food and drink. One person told us, "It looks nice and is nice", another saying," There's more than enough, we have a menu". They also told us they had a choice of meals, one person telling us how they could choose what they wanted, even if it was not on the menu. Only one person out of the 12 we spoke with had any reservations about the choice of foods telling us the choice was, "Monotonous" although there was a four week menu and they said a certain main choice may not be repeated for four weeks. One relative told us, "There's plenty of choice [of food]. The tables are always laid nice" another saying meal times were a pleasurable experience for people. We saw lunch being served and despite a short delay staff supported people in a way that ensured it was a pleasurable experience. We saw people we offered choices as to the meals they have, had access to condiments and we able to choose where they ate their meal. We saw people's specific dietary requirements were catered for. For example people with food allergies had meals without certain ingredients. We saw people had a choice of drinks with their meal, and during other times during the day. This showed people received a choice of food and drink and were offered support to with their meals and drinks when required.

Risks to people's health due to weight loss were usually monitored, with staff recording people's weight, diet and fluid intake when this was identified as needed. While there were some gaps in people's nutritional assessments, we saw staff were working to update these. We saw referrals were made to the person's doctor if necessary, for example, we saw a person who had recent weight loss had been referred to their GP and we saw that staff had provided the dietary supplements that were recommended. We saw one person had been identified as having lost a significant amount of weight recently, although the deputy manager told us the weighing scales had been defective at this time and may have given inaccurate weights. This equipment had been repaired and we were told this person's weight would be monitored more frequently, and if there was concern it would be escalated to their GP.

We found staff were well trained and were knowledgeable about people's individual needs. People said about the staff, "They're good at doing their job. Some of them (are skilled and knowledgeable)" but, "They use agency staff and sometimes it's not so good". Another person said, "Some [staff] are better than others – the ones who have been doing it for many years, yes". A third person said, "Yes – [staff] they are good at their job". The provider said they were moving to less use of agency staff following recruitment to vacant posts. We saw that systems were in place to ensure staff completed, and then updated training in core skills and knowledge. Staff felt well supported with training. A staff member said, "I have been on a lot of training". A second staff member said, "I am up to date with my mandatory training". Staff who had recently started work at the service told us they were well supported through their induction, one saying they, "Had the right support" another that other staff, "Helped them feel more confident".

Good

# Is the service caring?

## Our findings

People who used the service and their visitors were positive about the caring attitude of the staff. One person said, "The care is quite good", another that the care was, "Excellent. All the staff treat you with respect". A third person said, "They [staff] are very good to me, What I want they will do". A fourth person said, "I'm polite to them and they are polite to me" adding that the staff were, "Always nice". A relative told us, "They have looked after [the person] amazingly." They went on to say, "It is not just one, it is a team effort". Another relative said, the staff are nice. They treat her well. I think they're very nice. If I had a choice, this is where I would come". We saw staff approached people in a caring way, for example they were friendly, respectful and polite whenever they spoke with people.

We saw that people were consistently given choices by staff, for example we saw staff helped people to make choices by explaining these to them. In addition we saw where people were offered meals we saw staff explained what the meal was, and about alternatives. We also saw an occasion where people's choices were respected. For example we saw that when people were people to a seat staff asked where they wished to sit, and would listen to their choice. We also saw a person was asked if they wanted their cream applied to their feet by staff and their preferences were sought and followed. The person told us they enjoyed this.

We saw there were good relationships between staff and people that they cared for. We saw staff promoted people's dignity and consistently showed them respect when providing care and support. We saw staff positioned themselves at the same level as people, speaking to them in a friendly and open manner. We found the atmosphere within the home was relaxed, this confirmed by a relative who said, "It's friendly, nice. They [staff] always chat to you and say 'good morning' when you come in". People were supported to maintain relationships that were important to them. We spoke with one person who had made the decision to move into the service with their partner, and the provider had accommodated their request in respect of their accommodation. Relatives we spoke with were also positive about the staff and said they were able to approach them. One relative said "I get on quite well with them [the staff]". Another visitor told us they were able to maintain links with their relative telling us, "We can come whenever we want" and said they were offered hospitality including hot drinks and a meal on one occasion. We saw another visitor came to take their relative out for lunch during the inspection.

We saw staff promoted people's privacy. We spoke with some people who told us their preference was to stay in their bedrooms and they were able to do so, but knew they could choose to sit in the communal areas if wished. Some people told us they had a key to their room. One person told us, "They would give me a [bedroom door] key if I wanted one" but they said they didn't as, "I am apt to lose it". Another person told us, "I don't feel I want to lock it [bedroom door]. I trust them [staff]". Staff were able to tell us how they promoted people's privacy and dignity, for example by closing doors and asking people how they wanted their care provided. We saw staff knocked on people's doors and asked if they could enter, and people's bedroom doors were closed when this was the person's choice.

People's independence was promoted. We saw some people were able to move around the home independently when able, and some would go into the grounds of the building on their own when wished.

We saw people had freedom of movement. We saw that staff would encourage people they were assisting to complete tasks for themselves where able, with encouragement and comment to people to acknowledge how well they were doing when being independent. Staff were able to tell us how they would encourage people's independence and understood why this was important for people.

We saw people's bedrooms were personalised and had items on display that people told us were of personal significance and important to them. People told us they liked their rooms the way they were decorated and they reflected their personal preferences.  People we spoke with told us they were comfortable with their rooms. One person told us about an occasion where they were disturbed by the volume of their neighbour's television and the manager agreed a move to a different room with the person's agreement. The person's relative told us the provider, "Re-decorated and I didn't even have to help move [the person]".

Good

# Is the service responsive?

## Our findings

People and their relatives, while not always aware of people's individual's care plans, told us that they were overall satisfied that the care and support they received from staff reflected their expressed preferences and needs. People told us about preferences they had, for example in regard to their daily routines and told us that staff were aware of and ensured these were followed. People told us they got up and went to bed when they wanted. One person told us, "I did have to say I was waiting till 10pm for my night pills [so could go to bed] but now they [staff] make sure I get them by 9pm". Another person told us that staff would make sure their preferred; "Nightcap" was always available. A relative told us how the care a person received was person centred. They told us staff had come in unpaid to sit with their relative when ill so they were not alone. Another visitor told us their relative, "[The person] is treated as an individual. It's not about them [staff], it's about [the person] ". Staff were aware of people's preferences and an activity co-ordinator told us part of their work was to talk to people and their relatives to establish people's history and likes and dislikes. They also told us how they supported people individually, for example they had taken one person to visit a close relative's grave. One person also told us staff always remembered people's birthday saying, "Everyone gets a cake made on their birthday". This showed that the provider worked towards providing person focussed care.

One person told us about their experience of moving into the service and told us they had, "A lady from social services at home before came here". They felt they had been involved in the decision to move in, with this on an initial trial/respite basis, this to allow them the opportunity to make an informed decision. They told us they were not bothered about seeing their care plan but could talk to staff if they wanted to know anything. The person's relative also confirmed they had been involved with discussion around the person's care and said, "If I want to know anything I can ask". They confirmed the person had a key worker, but felt able to approach any staff, or management. We saw other people's records showed that the provider assessed people's needs, and involved them, before admission to the service. This showed that people were involved in their assessment and introduction to the service.

The provider and management recognised care plans as important in providing good person centred care. We looked at people's care plans and found that these mostly reflected the care people told us they received and what their preference and choices were. There were some instances where these records were not always up to date though. Staff were able to verbally explain the care people required or wanted however and the management responded during the inspection to commence updating important information in people's records. We spoke with some staff about information they would need to know quickly so their response to people's wishes was in accordance with agreements made with them. An example of this was where we found some staff were not always certain which people had a, "Do not resuscitate" agreement in place, although they knew this was recorded in the person's care records. We discussed this with management, who agreed; at the point this information may be needed staff may not have time to read the person's care file. We saw the management responded by producing an at a glance guide for staff detailing this and other information staff may need to check quickly, (for example which people needed thickened fluids to prevent their choking). We were shown this information by staff on the second day of our inspection which evidenced their awareness, and would support them to respond to

people's needs quickly and appropriately.

The provider enabled people to have involvement in pastimes that they found meaningful. People told us about pastimes and activities that were available to them. One person told us, "I like knitting, sewing, crochet, arts and crafts" and they could live their life the way they wished. Another person said, "We have the children from the school for activities. I made a lovely little thing. The children are ever so good. We go to shows up there. We have plays, films, dancers, singers. Who could wish for more? The keep fit man comes round twice a week". A third person said "My favourite is bingo. They do other activities. They do an exercise class where they have a young man in. I do my exercise in my room". We saw people spending time as they wished, with support from staff or work placement students. We saw that people were invited to participate in a cinema afternoon on the one day of inspection, and there was an external entertainer on the second day that while providing people with stimulation also educated staff about person centred activity and what it really meant. The activity co-ordinator told us about plans for developing links with external organisations, for example colleges, one in particular that specialised in horticulture, where students were going to come to the home to create raised beds in the garden so people could have better access. We saw notice boards showed a range of activities and events were available, including social gatherings, meetings, entertainment afternoons, exercise group and outings.

People told us there were a number of ways they were able to feedback their views about the care they received. We saw people's views were sought through a variety of methods including surveys and meetings. There were also annual surveys of people and relatives to gain their views of the service, which some people said they had completed, but not all. People told us there were meetings where they could discuss their views with staff but some said they chose not to attend and would find out what was said from other people. One person told us, "We used to have meetings once a month, not had one for ages". People did tell us however that if they had any comments they felt able to approach staff or managers. One person told us, "They're [staff] all nice. I wouldn't be afraid to go to them and ask their opinion. If I wasn't happy about anything I would". People we spoke with knew how to complain and we saw there was information about complaints available within the service. Two people told us they had made complaints and these had been listened to and resolved. One person said, "I had one bath a week and my daughter complained. I now get it three days a week and that's not set in stone". Another person also told us the issue they raised had been resolved to their satisfaction. We found that complaints the service received were documented, monitored and follow up action recorded, with feedback given to the complainant. This showed that that people knew how to complain and the service did respond to concerns raised.

Good

# Is the service well-led?

## Our findings

While the service had a registered manager we had been made aware by the provider that they had recently left their post, having not been in day to day control for a number of months. The provider told us they had recruited a new manager but they were yet to take up their post at the service. They had appointed an interim manager, who had experience of care home management to oversee the day to day running of the service until the new manager was able to take up their position. We also saw that the manager was supported by a permanent deputy and was also receiving support from the provider. The manager and deputy had a good understanding of their responsibilities in terms of the law. The area manager told us that the new manager would submit an application for registration once they had taken up their post.

People told us that managers were accessible and they knew who they were, this including the area manager. We saw that management took time to make themselves available to people and when requested would have an individual discussion with people. One person told us the area manager asks them, "Has it improved? [the service] If not, tell me and I'll do it for you. He visited me in my room. I thought that was nice". Another person told us, "I know [the area manager], he is approachable but I could talk to anyone of them". A relative told us they knew who the manager was and said they could approach them in person or by phone. Another relative confirmed the management had an 'open door' approach and were confident that if they raised comment, this would be listened to. For example some people had told us changes were made in response to informal complaints they had made.

We saw a range of internal quality audits were undertaken to monitor the service. There was a system in place to identify, assess and manage risks to the health, safety and welfare of the people using the service and others. We saw incidents, accidents, safeguarding and complaints were recorded and monitored for trends and patterns, to inform how risks were managed. While we did find some discrepancies in some people's records in respect of how risks were to be minimised we did see that the last provider audit had identified specific actions that needed to be completed in respect of these, and the issues we raised in respect of record keeping on the first day of our inspection were used to supplement these actions. We saw that a number of people's care records had been updated by the end of the inspection, for example information where people were at risk due to the texture of their food had been updated and staff we spoke with were aware of this. We saw there was a regular monitoring visit carried out by the provider where they spoke with people, observed what was happening in the service and checked records. The records of these visits outlined the provider's findings, what could be learnt from these and included action points that set out how improvements could be made, these related to identified target dates for completion.

The majority of staff expressed confidence in the way the service was managed and said they were feeling better supported by managers. Some staff told us they had received supervision (one to one meetings with their line manager). They said they were now planned bi- monthly where previously they had only taken place bi- annually. Some staff said they had not yet had supervision for over six months but one said, "I can ask for one if I need one". We looked at the plan for staff supervision and saw these were now being progressed although it was acknowledged by the manager this was work that needed to continue. Staff did tell us they felt well supported though and the managers listened to them. One staff member said, "I enjoy

my job. It is a nice home and there have been some changes. I know if I have got any problems they [managers] will listen". Another member of staff said, "There is a lot of support from here and the seniors care". A student on placement said, "The manager asks how we are" and said they felt welcome to raise any issues. Staff told us that they were kept informed of developments through daily handover meetings and general staff meetings and these kept them up to date on information they needed to know about people's care. We saw minutes of recent staff meetings include information on updates on the management structure; staff rotas, care plan reviews and issues related to clinical data forms not being completed. This showed that while there was scope to improve the frequency of staff supervision this was being actioned by the provider, and staff felt positive about their jobs and well supported.

Staff told us they felt able to raise concerns and said they would feel able to contact the provider or external agencies and 'whistle blow' if needed. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organisation that is either private or public.

We found the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.