Runwood Homes Limited

Plantation View

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 4 April 2016 and was unannounced, which meant the provider did not know we were coming. This was the first inspection of the service following the Care Quality Commission registration in September 2015. The service was previously registered under another provider.

The service has a manager who has been registered with the Care Quality Commission since January 2011. 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.

Plantation View is a care home situated in Cantley, Doncaster which is registered to accommodate up to 27 people. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing residential care for 24 people. People living at the home had been diagnosed with a dementia type illness. The service has several communal and dining areas and easily accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

The environment could be improved to make it more dementia friendly. We have recommended that the provider finds out more information based on current best practice, in relation to the specialist needs of people living with dementia. In particular about the environment including, signage in the dining area in relation to meals, flooring and the use of contrasting colours on the corridors.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example, we saw evidence that the home regularly makes contact with district nurses, community nurses for mental health issues, and peoples own doctors. Other health professionals such as dieticians, dentists, occupational therapists and opticians were also requested as needed.

Our observation of part of two medication rounds, together with our review of records provided evidence that medicines were safely stored and administered.

There were robust recruitment procedures in place. On the day of our inspection there were sufficient staff

with the right skills and competencies to meet the assessed needs of people living in the home. However two relatives we spoke with raised concerns about the staffing levels on particular days that they had visited. Staff told us they felt supported by the management team, and they confirmed that they had received formal supervisions and appraisals of their work.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. We observed people being offered a second helping of the main course during lunch. Snacks of fruit, cakes, biscuits and drinks were also available for people throughout the day.

People were able to access activities. We spoke to the activity co-ordinator about forthcoming events which included a celebration of the Queens 90th birthday.

Staff and relatives we spoke with were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around and was approachable and proactive in trying to make the service as good as possible. The registered manager had clear goals for the service and spoke about future developments for the home.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. Relatives told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that two formal complaints had been received. The investigations were on-going and the regional care director was involved in meetings with the complainants.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

We found there were enough qualified, skilled and experienced staff to meet people's needs on the day of our inspection. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely

Is the service effective?

Requires Improvement

The service was not always effective.

The environment could be improved to make it more dementia friendly. We have recommended that the provider finds out more information based on current best practice, in relation to the specialist needs of people living with dementia.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of

what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

Staff had a kind approach to their work. People and their relatives were complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities which were geared around people's likes and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. There was an emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the registered manager was supportive and fair.

The registered manager continually strived to improve the service and their own practice. Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Plantation View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 April 2016 and was unannounced. This meant the provider did not know we would be visiting. The inspection was undertaken by an adult social care inspector. At the time of our inspection there were 24 people using the service. We were only able to speak with two people who used the service. This was because most of the people living at the home were unable to communicate with us in a meaningful way as they had limited mental capacity. We spoke with the registered manager, the deputy manager and the care team manager. We also spoke with four care staff, the activities co-ordinator and a general assistant. We spoke with five visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

We spent time observing care throughout the service. We also 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.

We had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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 documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the

quality assurance systems to check if they were robust and identified areas for improvement. The regional care director received feedback in relation to this inspection.

Good

Is the service safe?

Our findings

We spent time observing how staff related to people who used the service. All of the people using the service were living with a diagnosis of dementia and many had a high level of physical care needs and poor mobility. This meant that staff spent a lot of time on practical tasks and physical care and there was sometimes little interaction or conversation between staff and people using the service. However when interactions between staff and people who used the service did take place we found staff were kind considerate and respectful. Relatives we spoke with told us they thought the care provided was safe. They said staff knew their relative very well and always provided a safe environment for their family member to live in.

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. The registered manager told us appropriate referrals to safeguarding had been made and she understood her responsibility to report any incidents to the relevant agencies. For example the local council safeguarding team, the Care Quality Commission (CQC) and where required the police.

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that the registered manager would act appropriately on people's behalf.

Risk screening tools had been completed for each person and these covered distinct topics, such as, health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks and acted appropriately. For example the care team manager told us how they had obtained specific equipment to help prevent pressure areas developing, for one person who was cared for in bed. The registered manager told us about how she had obtained lower leg protectors for another person. These helped to protect the person's legs from skin tears.

Assessments were in place to guide staff on the measures to reduce and monitor identified risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The registered manager showed us records used to analyse accident and incidents. This was used to identify any trends. For instance, we saw evidence that appropriate agencies were contacted if a person had frequent falls.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

Risks in relation to the building were well managed and the registered manager told us that a list of tradesmen and a maintenance person were available if required. We saw hoists and equipment used to

keep people safe were regularly maintained so they were safe to use.

We found the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. The registered manager told us that no new care staff had been employed since the provider took over in September 2015. She confirmed that all new staff would complete a full induction programme that, when completed, would be signed off by their line manager. The registered manager told us that the deputy manager was an assessor for the 'care certificate' which all new staff would complete. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by the service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number was correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us staffing ratios were based on the occupancy and dependency of people who used the service. We observed staff working throughout this inspection and found that they were able to meet the needs of people who used the service. Staff responded quickly when people asked to use the bathroom and when people call out for assistance staff offered support.

Although the number of staff working on the day of this inspection was sufficient two relatives did raise concerns with us that on a number of occasions when they visited they felt the staff were very busy, rushing to meet people's needs. We looked back on the staff rotas and found one week in March where levels had dropped to two care staff and the care team manager. This meant there was one less care staff on both the morning and afternoon than what we had observed. We discussed this with the registered manager and the regional care director who agreed to review the staffing levels. We were told that the registered manager had been given permission to advertise for a laundry and general assistant which would release care staff from undertaking those duties.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for three people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw that staff had received training in the safe management of medications and we were shown records that confirmed their skills and competencies were regularly re-assessed.

We saw the care team manager followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed PRN medicines to be taken only 'when required', for example painkillers and medication used for low moods. The care team manager we spoke with knew how to tell when people needed these medicines and gave them correctly.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with one of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. However one bedroom required the carpet to be deep cleaned as there was an unpleasant odour in the room. The registered manager immediately asked for the carpet to be cleaned. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of infection.

Requires Improvement

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. From our observation we judged that the staff knew the people they cared for very well. Relatives we spoke with were extremely complementary of staff working at the home. One relative said, "The staff here work really hard but they always have time to speak to me when I visit." Another relative said, "The staff are very professional but kind and considerate. I think they are worth their weight in gold."

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed to enable staff to make the necessary referrals to dieticians, chiropodist, speech and language therapists and their own doctors.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at three people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We joined a group of people eating their meals at lunchtime. We carried out a SOFI to help us understand the dining experience for people who used the service. We saw that where people needed support to eat their meals it was provided with care in a professional and sensitive manner. The meal was served from one hot trolley which meant the cook needed to serve meals quickly to the three areas. This meant second helping were offered before people had completed the meals. The experience for people could be improved if the trolley remained in each of the dining areas until people had finished what they had been served.

People we spoke with told us they had enjoyed their meal of chips, egg and beans with bread and butter. The alternative was corned beef ash which some people chose. We saw staff taking the two meals to people so they could make an informed choice. This also included the sweet course and a choice of fruit drinks that were available.

Given that the home's 'Service user guide' promoted Plantation View as a care home suitable for people with dementia, there was little evidence of signage in the main dining area to inform them of the meals they were served. Small menus were put on the tables prior to lunch, however no one picked them up to look at them.

The registered manager told us the cook had received training specific to their role including food safety, healthy eating and food processing. The cook had knowledge about the latest guidance from the 'Food standards agency.' This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The registered manager told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records for three people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly. We saw care records also contained their 'preferred preferences of care'. This record sets out how the person wanted to be cared for if they became seriously ill or approaching the end of their life.

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.

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 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. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us that they had received a standard DoLS authorisation for one person who used the service. We looked at the record for the DoLS and found the service was acting according to the stipulations of the DoLS. They had also made several other applications to the local council's supervisory body for most people living at the home. Those applications were still awaiting decisions.

Records stated, and speaking with staff confirmed, that a wide range of training was available for all staff to ensure they had the skills required to carry out their role effectively. Staff told us they had received training in areas such as; safeguarding of adults and mental capacity and deprivation of liberty safeguards. The staff training matrix, used to record the training staff had completed, showed the majority of training was up to date; although there were a small number of staff whose training required updating in some areas. The registered manager told us for some areas of training it may only be one person that has not completed the on-line training to reduce the overall percentages. Most areas of training had reached the 100% completion target.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously National Vocational Qualifications [NVQ's]) in adult social care. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines. The registered manager confirmed all staff held qualification at either level two or three. The registered manager had recently completed a leadership and development course and the deputy manager was also working toward completing the same course. The registered manager told us that the course looked at ways to understand the business and develop ways to market and promote the home in the future.

Systems to support and develop staff were in place. The registered manager told us that formal supervisions and yearly appraisals were taking place. We spoke with staff about the support they received. They told us they had very good relationships with the registered manager and deputy manager and they felt supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence.

The design and layout of the main entrance area was not dementia friendly. The entrance led onto the main dining area which meant visitors to the home would be walking through while people were eating their meal. General floor covering on the corridors showed very little regard for the needs of people living with dementia. Communal areas and corridors were not dementia friendly, signage needed improvements to enable people to orientate around the home. We saw one person picking at the carpet in one of the lounges and another person was attempting to stride between carpets which may appear as a barrier to a person living with dementia. People living with dementia may mistake patterns as litter and may attempt to pick up what they are seeing. This may result in the person falling. We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Good

Is the service caring?

Our findings

People living at the home had a diagnosis of living with dementia. Staff were very good at being able to understand their care needs by the way the person communicated. We heard staff talking to people about their family members to help the person understand that they would be visiting them later in the day. Another staff member spoke to a person about their love of music and the different rock bands that they liked and going to see them in concerts.

We saw that staff spoke kindly to people, and made time to talk to them, providing reassurance where necessary and were not patronising or over familiar. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private.

We asked relatives if the thought staff were respectful. They all told us that they were and gave examples. One relative said, "When staff want to discuss anything about my [family member] they take me to one side so that other visitors don't hear what we a talking about." Another relative said, "I hear staff talking very discretely to people when they are obviously asking a person if they needed to use the bathroom." Others said, "They [the staff] always close bathroom and toilet doors and they ask us to wait outside the bedroom if they are providing personal care to my [family member]."

Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We observed staff transferring people from wheelchairs to lounge chairs by explaining they wanted to make them more comfortable.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed staff offering a reassuring hold of a hand, or arm around the shoulder when needed. People responded positively to this.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. However, the provider preferred for visitors to respect people by not visiting during meal times. Although if they wanted to assist their relative to eat this was encouraged. We observed relatives visiting people throughout the day. The relatives we spoke with told us they were able to visit their family member at any time of the day or night and especially if they were ill. The activity co-ordinator told us relatives could join their family member for a drink or meal and were welcome to attend social events and help on outings.

We saw people who used the service and their relatives could access information in relation to the provider. A glossy magazine gave people information about events happening in other parts of the organisation and these were available for people to pick up and read.

Posters were displayed which informed people and their visitors about Runwood Homes philosophy about care and dignity and also how they wanted to promote a good mealtime experience for people living in the home.

Information was also available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The activity co-ordinator told us that two people were able to continue to go to their preferred church on Sundays. She told us that family members escorted their relative, but staff would make other arrangements if they were not available.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The relatives we spoke with told us the standard of care they received was very good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. Relatives told us they had been involved in providing some information about their family member including things like their life history. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed on at the start of each shift. This meant staff knew how people were presenting each day. We observed the handover taking place on the day of the inspection. Staff were able to ask for clarification about the wellbeing of people and any specific care that was needed for individuals during their shift.

People were able to access activities. We observed the hairdresser was at the home during this inspection and the activity co-ordinator assisted by encouraging people to have their hair styled. We heard staff telling the ladies how nice their hair looked after visiting the salon. The activity co-ordinator told us that they worked four days at the home each week and she had responsibility to organise events and activities that were suitable for the people who used the service. The co-ordinator said recent events included an Easter party and there were plans for another party to celebrate the Queens 90th birthday. The co-ordinator told us that there was an activity plan but this was flexible to meet people's needs. Outings and entertainment brought into the home took place at regular intervals.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. We were informed that two formal complaints were being investigated by the regional care director.

Relatives we spoke with told us they were aware of the complaints procedure and they had confidence that the registered manager would take any complaints seriously and would look into the issue swiftly. One relative said, "I know the staff would listen to me if I raised any concerns. Although I have not had to make a complaint since my family member has lived here." Another relative said, "The staff here listen and that is important to me, when I have a problem I go and see the person that's in charge and they deal with it straight away."

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission since January 2011. She demonstrated a clear vision for the service and spoke with passion about the proposed plans to develop the service. This included plans by the provider to build a new property to be shared by Plantation View and another home within the organisation. We were shown how relatives of the home were asked for their views on the proposal. Most responded positively but were anxious that the existing staff moved to the new building at the same time as the people who used the service.

From our observations and discussion with staff we found that they were fully supportive of the registered manager's and the provider's vision for the service. Relative told us that the home was well run and the registered manager and the rest of the management team ensured good care standards were maintained.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

People benefited from staff that felt supported, valued and listened to because they were confident in their roles and responsibilities and delivering good care to people. They understood their roles and responsibilities in relation to people and their care. For example, staff understood how to raise any concerns both with the provider and to external organisations such as the Care Quality Commission. Staff received regular supervision and had regular team meetings. We saw minutes of team meetings and noted there were opportunities for staff to discuss any issues or concerns such as changes to people's support needs and care practices. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service.

The service worked in partnership with health and social care professionals to continually improve the care people received at the service. The registered manager continually sought feedback about the service through surveys and formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team. Relatives we spoke with told us there was a positive atmosphere in the home. They also agreed that the registered manager was available to talk with them and would be happy to discuss anything which was troubling them. We saw formal surveys were also used to obtain feedback from people who used the service and their relatives.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.

During our inspection, we noted positive examples of leadership from the registered manager, the deputy

manager and the care team manager. Staff were given direction and were supervised to ensure they continually worked to the principles and expectations of the provider. Regular visits from the regional care director meant staff knew the provider and were able to raise any concerns they may have had. The regional care director also carried out a monthly compliance audit to ensure the home was well led. The manager was given an action plan following the audit which the provider checked each month. We saw copies of these audits and the action plans which were identified following the audit.