Broadening Choices For Older People

Neville Williams House

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 inspection took place on the 9 and 10 August 2016. The first day of the inspection visit was unannounced, the second day was announced. At our last inspection on the 26 and 27 August 2015, we found there were two areas where the service was found to be requiring improvement. These related to staff member's attitudes were not consistently caring and the quality assurance monitoring of the service. During this inspection we found there had been some improvements made, although some further improvements were required on how the service was monitored.

Neville Williams House is a purpose built residential care and nursing home registered to provide accommodation and nursing care for 50 people. At the time of our visit there were 46 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

There had been an improvement in staff member's attitudes, they demonstrated a positive regard for the people they were supporting. People felt staff were caring and kind.

The management of the service was stable and the management team carried out regular audits. Improved systems were in place to monitor, audit and assess the quality and safety of the service but they had not been consistently effective and still required further improvement.

People felt safe living at Neville Williams House. Staff understood their responsibility to take action to protect people from the risk of harm because the provider had systems in place to minimise the risk of abuse. People's needs were individually assessed and written in care records that minimised any identified risks so reducing the risk of harm.

There were sufficient numbers of staff available to support people. Suitable staff had been recruited and had received training to enable them to support people with their individual needs.

People received their medicines as prescribed by their doctor.

People were able to consent to the care they received where they had the mental capacity to do so. Where people did not have the mental capacity to make decisions, staff understood how to seek consent and systems were in place to ensure that their human rights were protected.

People were able to choose what they ate and drank and enjoyed their meals. Everyone spoke positively about the choice and quality of the food available. Staff supported people to eat their meals when needed.

People were supported to receive care and treatment from a variety of healthcare professionals and received treatment if they were unwell.

People were supported and encouraged to take part in hobbies and interests either in a group or on an individual basis.

Peoples' health care and support needs were assessed and reviewed. There was a complaints process in place and people felt they could raise concerns. Feedback on the service provided at Neville Williams was sought from people living at the home and their relatives.

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 living at the home.

People were protected from the risk of abuse because staff were aware of the processes they needed to follow.

Risks to people were assessed and people were supported by adequate numbers of staff on duty so that their needs would be met.

People were supported by suitably recruited staff.

People were supported with their prescribed medicines.

Is the service effective?

Good

The service was effective.

People felt they were supported by skilled staff who knew their care needs.

There were arrangements in place to ensure that decisions were made in peoples' best interest and peoples' rights had been protected.

People enjoyed the meals provided.

People received support from health care professionals to meet their care needs.

Is the service caring?

Good

The service was caring.

People felt they were treated well by staff and their privacy was respected.

Individual staff demonstrated kindness and compassion.

Staff knew the people they were caring for and supporting,

including their personal preferences and personal likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs reviewed and felt they received a service that was based on their individual needs.

People were supported and encouraged to participate in a range of group or individual activities that they enjoyed.

People and their relatives were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance processes were in place to monitor the service so people received a high standard of care. However, they were not always effective.

People and their relatives were happy with the service being delivered.

People and their relatives were given the opportunity to feedback on the quality of the care and support.

Neville Williams House

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 unannounced inspection took place on 9 and 10 August 2016. The inspection team consisted of one inspector 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 service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service and reviewed information that they sent us on a regular basis

During our inspection we spoke with nine people, seven relatives, one health care professional, the registered manager, care home manager and five staff. Because most of the people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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 looked at records in relation to four people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment and training files. This was to check suitable staff were recruited, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel very safe" Another person told us, "It's safe living here, no-one can come in from the street without staff knowing about them." All the relatives we spoke with told us they felt their family member was kept safe. One relative said, "My mum is safe, without a doubt, they [staff] check on her several times in the night." Another relative told us, "They [staff] are very safety conscious here and if I have any worries, I would take it to the relevant person." However, one person disclosed to us, "I feel safe from attack or violence but there is no control over the other residents who wander day and night. I have to lock my door." We raised this issue with the registered manager, they explained that on occasion, some residents became confused and could enter another person's room believing it to be their own. However, the registered manager continued to explain people were supported and encouraged by staff members on duty to return to their own rooms or, if the person wished to, relax in the lounge areas.

There were a high number of people living at the home who were not able to tell us about their experience. One staff member told us, "If there was a change in somebody's mood which was unusual or they suddenly started to pull away from certain staff, I'd tell the nurse on duty or go to the manager." Staff members we spoke with confirmed to us they had received safeguarding training and explained their responsibilities for reducing the risk of harm to people. Another staff member said, "People are safe here but if I was worried about anyone, I'd inform the nurse or manager." Staff knew how to escalate concerns about people's safety to the registered manager and other external agencies for example, the local authority and Care Quality Commission. Throughout the inspection, we saw people were at ease in the presence of staff, which demonstrated to us that people felt relaxed with the staff at the home.

Staff members safeguarded people from risk of harm. For example, staff ensured appropriate equipment was accessible to people that supported them to walk freely around the home and garden. One staff member told us, "There are a number of people living here that are at high risk of falls but instead of restricting them with bed rails, we lower the beds and make sure there are floor mats in place." Another staff member explained, "We've all received training in how to move and safely transfer people using the hoists because if this is not done properly people can become scared and hurt themselves." Staff showed they had an understanding of the risks posed to people, their health and care needs. We saw risk assessments had been completed for people and for the use of specialised equipment. For example, we found pressure relieving mattresses and cushions were in use to support people who were at risk of developing skin damage. We saw people had risk assessments completed to ensure their individual care and support needs were being met. The assessments were reviewed as people's needs changed or new risks identified.

Safety checks of the premises and equipment had been completed and were up to date. Staff explained what they would do in the event of an emergency. For example, staff were able to detail what they would do in the event of somebody choking. One staff member told us, "If we saw that a person was choking the staff would call for the nurse on duty while care staff would give the person back slaps, if this didn't work after the first few attempts, we'd call for an ambulance." Another staff member explained what the fire procedure was and how they would ensure people who could not be evacuated were kept safe. The provider

safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

There were mixed views from people, relatives and staff members on the number of staff employed by the provider. One person told us, "It varies from day to day, sometimes there is enough staff other times I might have to wait for someone to come." Another person said, "I think there is enough staff, there is always someone around you can ask for help." A relative told us, "Yes, there is enough staff." Another relative said, "I think staffing numbers are ok, maybe sometimes they could do with more but we haven't had to wait for assistance." The PIR had already identified, at the time it was completed, there were three staff vacancies. We spoke with the registered about the current number of permanently employed staff. They confirmed a number of staff members had recently been promoted and had left to work at another one of the provider's homes. The registered manager continued to explain they were in the process of recruiting for two nurses, a part-time activities co-ordinator and activities team leader. Staff members we spoke with told us they would cover shifts for each other and agency staff were also used to ensure all shifts were covered. We asked the registered manager how they ensured continuity of care for people with agency staff. They told us that 'where possible' they requested the same staff and they used a reliable agency. We saw there were sufficient staff on duty to support people with their needs throughout our inspection.

Staff members we spoke with told us they had pre-employment checks completed before starting to work at the home. The provider had a recruitment process in place to make sure they recruited staff who were suitable. Four staff files showed all the pre-recruitment checks required by law were completed, including a Disclosure and Barring Service (DBS) check and references. The DBS check helps employers to make safer decisions when recruiting and reduces the risk of employing unsuitable people.

People we spoke with, who lived at the home, told us they had no concerns about their medicines and confirmed they were given their medicines as prescribed by their doctor. One person said, "The staff help me with my medicine." Another person told us, "Yes, I get my medicine." Relatives we spoke with had no concerns about their family member's medicines and were happy with the support given. The PIR stated that only trained nurses administered medicine and that they had received training in medicine management. We reviewed four people's medicine recording sheets and found two people required medicine 'as and when' required. We found protocols that provided guidance for staff when people required pain relief were in place for one person but not for the second. The care home manager could not explain why this was. Staff we spoke with were able to demonstrate their knowledge of the person and how they identified if the person was in pain. A protocol for the person was introduced post inspection. We found staff administered medicines in a safe way and were stored safely in locked cabinets to prevent unauthorised people accessing the medicines. Medicines coming into the home had been clearly recorded and there was an effective stock rotation system in place.

Good

Is the service effective?

Our findings

People we spoke with and their relatives felt the staff were effectively trained to carry out their roles and knew people's needs. One person told us, "Some of the staff get to know you well." Another person said, "The staff are good and always have a joke with me." A relative said, "I'm more than happy with the way my husband is supported, the staff know how to care for him." Another relative told us, "I can't speak highly enough of the staff, they look after mum superbly." Staff we spoke with felt supported by the provider in carrying out their roles. One staff member told us, "The training is helpful and keeps us up to date." Another staff member said, "When I completed my induction, the training was useful and refreshing." We saw the provider had a detailed induction programme for new members of staff. We saw from training records staff had received ongoing support with their training and their individual training needs were reviewed to aid staff to continually meet and support people's needs.

Staff we spoke with told us they had received support, guidance and supervision from members of the management team. We saw records that showed staff supervisions had taken place. One staff member told us, "We do have supervision although it hasn't been as regular because our team leader has moved." Another staff member said, "I've not long had my supervision." Staff members spoken with all told us they felt the registered manager was supportive and approachable.

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. We checked whether the service was working within the principles of the MCA. We saw that people's ability to make decisions had been assessed. Where people were unable to make decisions their representatives were consulted and involved in their care. One member of staff told us, "If people can't consent to their care needs, it's discussed with their family, the nurse and the GP." Another staff member said, "We sometimes have to make best interest decisions about what is best for the person."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were able to explain their understanding of DoLS and they identified people who they felt could be put at risk if they were not restricted. One staff member told us, "Most people living here couldn't go out on their own because they do not see dangers on the road." We saw that people were closely supervised and most people had been subjected to a restricted practice, in their best interest, to prevent injury to themselves or others. We found mental capacity assessments had been completed and applications to deprive people of their liberty, in their best interests, had been submitted to the 'supervisory body' for authority to do so. Therefore the provider had met their legal requirements to protect the rights of people living at the home.

Everyone we spoke with was complimentary about the quality of the food. One person told us, "The food is lovely, I look forward to my dinner." Another person said, "I'm a fussy eater (smiling), I was a very good cook so they will never meet my standards but it is ok, you do get a choice." A third person explained, "We get all

we want to eat whenever we want." We saw picture cards were displayed outside the main lounge and dining area to remind people what was on the menu. However, we did hear some people ask what flavour the soup was as staff had not consistently informed people what the flavour was. A relative told us, "The food is very good, my husband sometimes eats in the lounge but he prefers to eat in his room and the staff respect that." We saw that meals were prepared daily with fresh ingredients and were tailored for people who had specific dietary requirements. For example, we saw food that was pureed or soft was presented in an appetising display of textures and colour. Staff provided support when people needed assistance with eating and supported people at a pace that was suitable to people's individual needs.

Staff we spoke with told us people were assessed to meet their individual needs and to ensure people received a healthy and balanced diet. We saw that information contained within care records detailed people's dietary needs and preferences which were shared with the kitchen staff. Staff were able to demonstrate to us in their answers what action they would take where a person was at risk of losing weight or had specific dietary needs. Staff confirmed they had received training on supporting people to maintain a balanced diet and how to monitor people's food and fluid intake. One staff member explained, "If people have difficulty eating and swallowing we make a referral to the Speech and Language Therapist (SALT)." A SALT is a healthcare professional that provides support and care for people who have difficulties with communication, or with eating, drinking and swallowing.

People we spoke with told us they were seen by the doctor and health care professionals, for example, the dentist, optician, podiatrist and district nurses. Relatives we spoke with had no concerns about their family member's health care needs. One person said, "If I'm not feeling well, the [staff] do call for the doctor." A relative told us, "The staff are quick to pick up on things, they spotted a sore on mum and quickly called the nurses in for treatment and it's healed thanks to them." A health care professional explained how staff would contact them quickly, when a person's needs had changed or they needed some advice and guidance, which supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

At the last inspection we found that staff had not consistently spoken with people in a caring way or offered reassurances to people when they were being moved with the use of a hoist. At this inspection we found there had been an improvement.

People we spoke with and their relatives told us they were happy with the support being provided and that the staff were caring and kind. One person told us, "The care on the whole is good, staff are kind. [Staff name] is excellent as well as [two staff names] they are all good." Another person said, "The staff are polite, they don't take anyone for granted and you can talk to any of them." One relative we spoke with told us, "The staff are absolutely caring and compassionate, I feel as if mum is loved." Another relative said, "Staff know how to cope with mum, she can become agitated and they know how to help her relax." A health care professional explained they would not hesitate in recommending the home.

People and relatives told us the provider had arrangements in place for them to continue to practise their preferred faith. One person told us, "I have a regular visit from church members." A relative said, "I need to make arrangements with the local church for mum. [registered manager's name] will help me to put this in place."

People we spoke with and their relatives told us they were involved in making decisions about the care and support provided. We saw from care plans that people and their families had been involved at the initial meetings when the person first started to use the service. We saw that care plans were reviewed. Staff members spoken with explained how the person was involved in the reviews, as much as possible, as well as their family members.

There were a number of people living at the home who could not always express their wishes. Staff members we spoke with told us that once they got to know people, they could tell by facial expressions and body language whether the person was happy with their support. We saw that staff generally delivered support to people in a person centred way which ensured the person was happy. For example, we saw people were treated with kindness and empathy; staff understood people's communication needs and gave people the time to express their views, listening to what people said. Staff were able to demonstrate they knew people's individual needs, their likes and dislikes and this assisted staff to care for people in a way that was acceptable to the person.

People we spoke with told us staff did ask them first before carrying out any care or support needs and were encouraged to be independent as much as possible. One person told us, "They [staff] do ask me first if there is anything they can do for me." Another person said, "I had a reunion to attend a few weeks ago. The staff member helped me to do my hair and make-up and we had an extremely nice time." A relative explained, "Mum was struggling at home and had difficulty getting washed and dressed, they [staff] encourage her to put her make-up on which is nice. It's nice to see. She is always clean and well-dressed here. [Staff name] in particular is fantastic with her." We saw people were supported to walk around the home and staff gave us examples of how they encouraged people to do some smaller tasks for themselves. For example,

encouragement to lift their arms, brush their hair or wash their face.

People we spoke with told us staff were respectful and treated them with dignity. One person said, "The staff do their best to maintain my dignity when helping me to wash." A staff member told us, "I always make sure the person is covered when carrying out person care." A relative told us, "Staff do try to keep mum's dignity, as dignified as you can with a hoist which in itself is not very dignified, but staff have to use it." We saw people being moved from their wheelchair to a lounge chair, with a hoist and staff provided constant reassurances to the people during the transfer. We could see people were relaxed and speaking happily with the staff. People we spoke with, told us staff respected their privacy. One person said, "They [staff] manage my privacy as best they can and they do knock on my door." Another person said, "The staff always knock my door."

Everyone we spoke with told us there were no restrictions on visiting the home. A relative told us "I visit most days." Another relative said, "I visit later in the evening because it is the only time I can come, there's never a problem." There were separate rooms and areas for people to meet with their relatives in private. A relative explained how they had made use of one of the conservatories for a private party for their family member. Conversations with people, relatives and staff supported that a number of family functions had taken place in the conservatory which helped to prevent social isolation for people living at the home.

Good

Is the service responsive?

Our findings

People told us they were happy with how their needs were being met. One person told us," "I feel very privileged to be here, the staff made it easy when I first came because it was difficult for me to give everything up, but I love my room and I'm very happy." We saw that staff responded to alarm call bells in a timely manner and to requests made by people when they required support. A health care professional told us that instructions given to care and nursing staff were responded to and that there were 'never any problems'. We saw that people's care plans reflected the care and support people received. We saw that people's changing needs were kept under review and monitored monthly in their care plans. One person told us, "I am always asked if everything is ok and am I happy with things." Relatives we spoke with confirmed that staff supported their family member, in a way that was responsive to their family member's individual needs. One relative told us, "I cannot speak more highly of the home and all the staff, they keep in regular contact with me and involve me in all decisions regarding mum's care." Another relative said, "They [staff] are very good with mum, she hates anything black in her food and they work with her to explain and reassure her. They encourage her and don't make her feel silly about it." We asked staff how they ensured people, who were not always able to explain what they wanted, were involved as much as possible when assessing their individual needs. Staff told us they would speak slowly to people and give them time to respond. They continued to explain how they would show people, for example, different clothes offering them a choice. One staff member said, "When you get to know people, you know what they like."

During the course of the two days of the inspection, there was a lively atmosphere in the home. Staff were engaged with people in different activities. There were people singing to music and we could see from people's reactions, their body language and smiles that they were relaxed and happy. One person told us, "I'm very happy here." A relative told us, "We chose this home after visiting lots of others, it was the best, I'm so pleased [person's name] is here, it is excellent." We saw staff treated people with kindness and spoke to people in a sensitive and respectful manner. For example, we saw two staff members reassuring a person who became distressed and was shouting at them. We saw that they gave the person encouragement and clear explanations of what was happening and why. The person became more relaxed and agreed to walk with one staff member into a lounge area where the person started to engage with other people living in the home.

We saw there were different seating areas throughout the home which provided quiet and comfortable areas for people to sit and relax. The layout of the home enabled people to have numerous choices about where they wished to spend their time. We saw that the home had large garden facilities and an outside café. The daily activities planner was well displayed with visual aids to highlight the activity to be undertaken for each day. We saw staff had arranged an 'Olympics' in the garden for people to take part in. There were numerous 'sport events' for people to participate in which we could see from their faces and hear from their laughter, they enjoyed the event. One person showed us their gold medal that they had won. Those who did not wish to take part, watched. One person told us, "Isn't it great, but I'm more than happy to watch the games than take part (laughing)."

For people with more complex needs and with advanced dementia, we saw there had been an improvement

in the time staff spent with people. At our last inspection we had found that there were a limited choice of hobbies and activities available for people. The PIR referred to an additional six hours a day, seven days a week being introduced in the dementia unit. We found the additional staff that had been employed had bought about an improvement as there was a member of staff constantly in the lounge area. We saw people were reading newspapers or magazines, playing board and ball games, knitting, being accompanied into the garden for fresh air or watching television.

There were period style pictures and models displayed throughout the home to stimulate people's memories; and one small area had been designed to a 1960s style kitchen. We saw there was a small animal enclosure. Everyone we spoke with told us how much they enjoyed seeing the birds and animals. The pet enclosures were large and unrestrictive so people could see the animals clearly without obstruction.

All but one of the people we spoke with and all of the relatives told us they felt free to raise any concerns and that they would be addressed promptly by the registered manager. People we spoke with knew how to raise complaints and concerns. One person said, "If I have any concerns I would speak with [registered manager's name and care home manager's name]." Another person told us, "I have no complaints but if I did I would see the lady in charge." Another person said, "I have made complaints but I don't feel they are taken seriously." We spoke with the registered manager about the person who was not happy with the complaints process. She explained what actions had been taken to address the concerns raised by the person and confirmed she had not been made aware of any other complaints. We spoke with relatives who had raised issues and were told by one relative, "I did raise a couple of issues and they sat down and talked with me. Their response reassured me that they would respond and listen." Another relative explained how they had complained to the management team and then confirmed to us, "Overall, the care here is excellent, it is a really good home." We saw the provider had a complaints process in place to investigate complaints. However, the complaints that had been discussed with us had not been recorded as complaints. We asked the registered manager why this was. They explained to us the issues were 'not really complaints' because they had been addressed and resolved 'there and then' to the satisfaction of the persons concerned. We explained to the registered manager the importance of recording all expressions of dissatisfaction as this would help the provider to identify any trends to prevent any reoccurrences.

Requires Improvement

Is the service well-led?

Our findings

The provider had quality assurance processes in place that were completed monthly by the registered and care home managers. For example, care plans, staff training, medication, infection control and health and safety processes. At the last inspection we found the provider's audits had not always been effective at identifying the actions requested by visiting healthcare professionals had not been carried out. At this inspection, we found there had been an improvement and all actions requested by visiting healthcare professionals had been monitored and completed. The PIR stated that food and fluid charts were in place that showed the nutritional intake for people. However, the audits were not always effective at identifying gaps in some monthly reviews and monitoring charts. We reviewed four care plans and found reviews had not taken place in February, March and June 2016 on one plan. We found the person had been seen by a Speech and Language Therapist in May 2016 and was on a soft diet with an action for staff to monitor what the person ate and drank. However, there were no recordings of what the person had eaten or drank, although we saw their weight had been noted and had remained consistent. The registered and care home managers were not aware of the gaps. They explained the gaps had occurred around the time when staff members had left the home. Regardless of staff leaving the home, it is the responsibility of the management team to ensure regular audits are conducted to identify any issues that could affect peoples' health and wellbeing.

Audits had not identified recording errors on two peoples' medication sheets. Audits had not identified that the remaining stock of one medicine did not balance with the recording sheets. Although there had been no detriment to the two people, the quality assurance processes had failed to identify the errors we found at this inspection. The PIR stated that medication audits were conducted weekly and this was confirmed by the care manager. However she continued to explain she had been on annual leave and no medication audits had taken place. She assures us the errors would have been picked up when she audited the records herself. She confirmed to us that processes would be in place for medicines and records to be audited, in her absence, in the future.

There were no audits in respect of complaints made about the home. We were told this was because there had been no complaints but we found this not to be the case. The registered manager explained she had started to compile an audit analysis, as part of a management development course she was completing. She showed us how she intended to monitor for trends. We were unsure how this analysis would be effective as there were no records to audit. However, post inspection, the registered manager told us they had introduced a system that included all expressions of dissatisfaction where details of 'grumbles' and complaints would be recorded and monitored to identify trends.

We found that weekly checks for one person, with damaged skin, were not consistently recorded. This was important because the damage was significant and required routine monitoring. We noted a healthcare professional had written in the person's notes for the provider to notify the Care Quality Commission (CQC) because the skin damage had reached a significant level. Although we had received some notifications in a timely way, we had not received this notification. We discussed this with the registered and care home managers, they told us any notifications in future would be submitted in a timely manner. We received the

notification, post inspection. It is a legal requirement to notify CQC of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action.

We saw where a safeguarding concern had been raised, the provider had conducted an investigation and liaised appropriately with the local authority. The concern had been closed with no further action required. We saw the systems and processes for recording safeguarding concerns were documented accordingly.

Everyone we spoke with was complimentary about the service describing it as, "excellent," "wonderful." One person said, "It is a well-run home." A relative told us, "I have met the manager and I do feel I could go to her if there was a problem. To me it seems perfect here. The staff all seem to get on and they even sit and talk to us. I would definitely recommend it here, we are very happy with the care." Another relative said, "You really couldn't get better than here. The manager is approachable too and it certainly seems well run. I wouldn't change a thing. Whenever I visit the atmosphere is always good, they always have music on and it is very homely. They know all the family by name and they always have a smile. They work so hard." A staff member told us, "The managers are approachable and helpful; we are a good team." Another staff member said, "I love it here, everyone is lovely." We saw that people approached the registered manager and other staff freely. We saw the management team had a presence around the building speaking with people and visitors.

We saw the provider had sought feedback from people who used the service and their relatives. This included sending out surveys to people who used the service and their relatives. Relatives told us that regular meetings had taken place and they received copies of the minutes. One relative said, "The manager is very good, they listen and act on any concerns." We saw that matters identified through the feedback surveys and meetings had been documented and had been actioned by the provider. The registered manager told us the senior management team also visited regularly, including attendance at quarterly meetings, to provide management support and guidance

Staff we spoke with told us they did have team meetings. One member of staff told us, "We have regular discussions with our team leaders and team meetings every couple of months." Staff spoken with told us they felt motivated and valued by the management team. One staff member, "It's a great home, I love my job." We saw on two separate instances involving different staff that peoples' dignity was not always maintained. We discussed what we had seen with the registered manager. They explained dignity was discussed at supervision and team meetings. We saw from team meeting minutes that staff members had been reminded by the management team to be aware of maintaining a person's dignity. However, some staff members had not followed the provider's guidance. The registered manager explained how they conducted observations of staff member's skills and behaviours and this would be an area for discussion and further observation.

There was a registered manager in post and we saw there was a good mix of new staff and staff that had also worked at the home over a number of years. The management of the service was stable providing consistent leadership. Our assessment of the service overall, reflected the information included in the PIR.

The management structure was clear within the home and staff knew who to go to with any issues. Staff told us they would have no concerns and felt confident to approach the registered manager if they were worried about working practices. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations. Whistleblowing is the term used when an employee passes on information concerning poor practice.