Mereside Care Home Ltd

Mereside Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 4 December 2018. The inspection was unannounced.

This was the first time Mereside Residential Care Home had been inspected under its current registration. The home had previously been registered under a different provider and had a different registered manager.

Mereside Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation with personal care for up to 15 people with a learning disability or autistic spectrum disorder. It does not provide nursing care. At the time of our visit 15 people lived at the home. Accommodation is provided in a three-storey adapted building. The home is located in Solihull, West Midlands.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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 felt safe living at the home. The provider's staff recruitment systems reduced the risk of unsuitable staff being recruited. There were enough staff available to provide the care and support people needed inside and outside the home, and to keep them safe.

The registered manager and staff understood how to protect people from abuse and their responsibilities to report any concerns. Staff received an induction into the organisation, and a programme of on-going training enabled them to meet people's needs effectively. Staff also received management support through daily contact and regular individual and team meetings.

Risks to people's safety were identified and staff mostly provided good support to reduce identified risks. Risk management recommendations made by a health care professional were not clearly documented or consistently followed. Prompt action was taken to address this.

Care records were personalised to ensure care and support was provided in line with people's individual needs, life style choices and preferences. People and relatives, where appropriate, were involved in planning

and reviewing people's care.

The management team and staff worked in partnership with other professionals to support people to maintain their health and well-being. Staff supported people to make healthy lifestyle choices and to maintain a balanced diet. People and relatives spoke highly of staff who they felt were caring, kind and friendly.

The registered manager had made improvements to the systems and process used to monitor the quality and safety of the service. However, these checks and audits were not always accurate and effective. Action was being taken to address this. People and relatives were invited to share their views about the home and feedback was used to support continuous improvement.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff gained people's consent before they supported people and respected people's decisions and choices.

Care was delivered in a way which responded to people's needs and respected their privacy and dignity. The management team and staff understood the importance of promoting equality and human rights and supporting people to maintain their independence.

People received their care and support from staff they knew, who understood their needs, and with whom they had developed caring and friendly relationships. Medicines were managed and administered safely. People were supported to maintain relationships which were important to them. Family members were welcomed to visit the home at any time.

People and relatives spoke positively about the quality of care provided, staff and the way the home was managed. Staff enjoyed working at the home and felt valued by the management team. People and relatives had no complaints but knew how to raise any concerns with the registered manager and were confident these would be addressed.

Further information is in the detailed findings below.

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 and staff were available, to support people when needed. Medicines were managed and administered safely. Risks to people's safety were identified. However, action to reduce risk was not always clearly recorded. Action was taken to address this. The management team and staff understood their responsibilities to safeguard people from harm. The provider's recruitment systems reduced the risk of recruiting unsafe staff.

Is the service effective?

Good

The service was effective.

Staff received induction and training that supported them to meet the needs of people effectively. The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff supported people with their nutritional needs and to access health care when needed. The environment was homely.

Is the service caring?

Good

The service was caring.

People were supported by staff who had a friendly and caring attitude and who had taken time to understand people's needs and how they wanted their care and support to be provided. The atmosphere within the home was calm and relaxed and people were comfortable in the company of staff. Staff respected people as individuals, maintained their privacy and dignity and supported their independence.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with the information they needed to

respond to people's individual needs. People were supported and encouraged to take part in activities of their choice. People and relatives were involved in planning and reviewing their care and support. People ad relatives knew how to raise concerns and were confident any complaints would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People and relatives were very satisfied with the service provided and spoke positively about the way the service was managed. Staff felt valued and supported by the management team and enjoyed working at the home. People, relatives and staff felt the management team were approachable. The registered manager had implemented positive changes to quality monitoring systems. However, further time was needed to ensure these were consistently effective.

Mereside Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 4 December 2018 and was unannounced. The inspection was carried out by one inspector.

This was the first time Mereside Residential Home had been inspected under its current registration with the Care Quality Commission in September 2017. The home had previously been registered under a different provider.

Before our visit we reviewed the information, we held about the home. We looked at statutory notifications the home had sent to us and spoke with local authority commissioners. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback to share with us about the home.

People living at Mereside residential home were able to tell us what it was like to live there. During our visit we spoke with six people, three members of care staff, the care administrator and the registered manager.

We looked at three people's care records and other records related to people's care, including daily records of care provided and medicine records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed three staff files to check staff were recruited safely and received the support needed to fulfil their roles. We also looked at records of the checks the provider and management team made to assure themselves people received a good quality service.

Following our visit, we spoke with two relatives via the telephone to get their views about the care provided to their family members.

Good

Is the service safe?

Our findings

People felt safe living in their home. One person told us they felt safe because staff were available if they needed them. A relative commented, "I have no concerns about [names] safety. None what so ever."

During our visit the atmosphere in the home was calm and relaxed and the relationships between people and the staff was warm and friendly. We saw people chatted with staff and requested assistance when they needed it. This indicated people felt safe around staff.

Staff were recruited safely. The provider's procedures ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the home, the provider checked their suitability by obtaining references from previous employers and checking whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Records confirmed staff were not able to start working at the home until all pre-employment checks had been completed.

There were enough staff to provide the care and support people needed at the times they preferred. At the start of our visit three staff were on duty supporting the 15 people who lived at the home. One staff member said, "…we have enough staff, so people can access the community when they want or stay home, or do anything." Another staff member commented, "We do different jobs during our shift, like cleaning when the residents [people] have gone out. But there are always plenty of staff to help the residents who stay at home."

The registered manager explained staffing levels were 'flexed up and down' at different times of the day to ensure people's needs and choices could be met. Records confirmed this. For example, additional staff were rostered to work when people needed support to attend college or when people chose to pursue activities outside of the home. The registered manager was also in the process of consulting with staff about changing the night time staffing arrangements. They explained introducing a member of waking night staff would increase staff availability during the night.

The management team had identified potential risks related to each person who lived at the home, and plans had been written to tell staff how to manage and reduce risks. For example, one person was risk of falling. Their risk assessment detailed the equipment and number of staff needed to support the person to move safely. In addition, staff were instructed to place a mat by the persons bed to protect the person if they rolled out of bed. We saw staff were following these instructions.

However, one person's risk management plan did not fully reflect a speech and language therapists (SALT) recommendations to manage risk. SALT provide treatment, support and care for people who have difficulties with communication, or with eating, drinking and swallowing. The SALT assessment identified the person was at risk of choking. To reduce this risk, they recommended cutting the person's food into bite size pieces and adding a single scoop of prescribed thickener to their drinks. This information was not fully detailed in the person's risk assessment. Thickened liquids reduce risk of choking because one thickened

liquids travel more slowly down the throat which makes them easier to control.

We asked three staff members how much thickener they added to the person's drinks. Each staff member told us they added a different amount. Furthermore, at lunchtime we saw the person was eating food which had not been cut into bite size pieces. We were concerned this risk was not being effectively managed. We discussed our concerns with the care administrator. Whilst they were able to provide assurance the person no longer needed their food to be cut up they acknowledge our concerns. They immediately contacted SALT, update the person's records and shared the updated information with staff.

People were protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Records showed staff had attended safeguarding training which included information about how to raise issues with the registered manager and other agencies. One member of staff said, "First stop would be the manager. I would expect them to do an investigation. If that didn't happen, my priority is the resident's [people's] so I would go to CQC (Care Quality Commission)."

The provider had systems to minimise risks related to the premises and equipment, such as periodic safety checks of water, fire equipment, and electrical equipment in line with safety guidance. This meant premises and equipment were safe for people to use.

Emergency plans were in place, for example if the building needed to be evacuated in the event of a fire. One person told us, "We practice. I know what to do if the bell rings (fire alarm)." Staff demonstrated they understood the provider's emergency procedure and the actions they needed to take to keep people and themselves safe in the event of an emergency.

The registered manager ensured accidents and incidents were recorded. Completed reports were regular reviewed to identify any patterns or trends. Records showed where needed timely action. For example, to reduce the possibility of a reoccurrence a specialist bed had been ordered for a person who had been found on the floor by the side of their bed.

Records showed staff had completed infection control training and staff understood their responsibilities in relation to this. However, we saw some equipment in the home did not support good infection control prevention. For example, bins in some bathrooms were not pedal operated, the safety rail in one bedroom and a toiletry holder in another were rusty. We raised this with the registered manager. Before the end of our visit all the issues we highlighted were addressed.

We looked to see how people's medicines were managed by the home. People told us they received their medicines when needed. One person said, "I have it (medicine) every day. The staff give it me." Records confirmed staff received medicine training, which was refreshed regularly, and their practice observed to make sure they continued to be competent to administer people's medicine safely. One staff member told us, "You have to be fully trained before you can do medication. The management watch what you do and if you make an error you have to do more training."

Medicine administration records (MARs) showed medicines had been administered and signed for as prescribed. MARs contained guidance for medicines prescribed 'as required' for example, for pain or anxiety. Limited use of these medicines indicated the guidelines were being followed consistently by staff. We saw medicines, including those which required stricter controls were stored securely and disposed of safely when they were no longer required.

Good

Is the service effective?

Our findings

Prior to moving to Mereside Residential Home, the registered manager completed an initial assessment of people's needs, including inviting people to visit the home and spend time with the other people who lived there. The registered manager told us, "I need to know we can meet their [people's] needs and that they will be compatible with the other residents because it's their home." They added, "It's not about filling an empty bed. It's about quality of service and quality of life."

We saw assessments contained detailed information about people's care needs, levels of independence, life style choices, aspirations, beliefs and preferences. Records showed people and their families had been involved in the assessment process.

The registered manager ensured new staff received the support and training they needed when they started working at the home. Records showed this included, working alongside experienced staff, reading people's care records and starting the Care Certificate. The Care Certificate assesses new staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff described the on-going training they received as 'brilliant and useful'. This included face to face and on-line training in areas specifically related to the individual needs of people they supported. For example, autism and diabetes awareness. We saw staff put their training into practice. For example, one staff member spent time encouraging a person to walk around because their blood sugar levels were high. The staff member was attentive and gave the person constant verbal encouragement and reassurance. The staff member told us, "Doing the diabetes training means I know how to support [person]."

The registered manager maintained an up to date record of training staff had completed. This included equality and diversity, manual handling and safeguarding adults. Records confirmed training was up to date and further training was planned, for example, epilepsy awareness.

Relatives told us staff had the skills and knowledge needed to meet their family members needs effectively. One relative commented, "The staff are excellent. It is clear from watching and speaking with them that they are trained."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found the registered manager understood their responsibilities under the Act. They had submitted applications to the local authority (supervisory body), to authorise DoLS in line with the legislation. This was because some people had restrictions placed on their liberty to ensure their safety.

Staff had received training to help them understand the MCA, including principles of the Act. One staff member explained, "It's all about making and understanding the consequences of decisions. The residents [people] are assessed. Some residents can make some decisions but not all of them." Another staff member told us about the importance of obtaining people's consent. Throughout our visit we saw staff seeking consent before proving care and support. This meant staff understood and worked within the principles of MCA.

Care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests.

People were supported to meet their nutritional needs to maintain their wellbeing. People had access to food and drink and choose what they wanted to eat. One person said, "The food is nice. I can have what I want." Staff understood people's nutritional needs. For example, one staff member told us they encouraged a person to eat food with a high calorific value because the person was underweight. This reflected the information in the person's care records.

The management team and staff worked in partnership with other health and social care professionals to support people. The registered manager told us building positive working relationships and joint working enabled the sharing of knowledge and experience. They added, "This all contributes to maintaining and improving the quality of life for our residents." Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

The homes' environment was supportive of people. It was homely and gave people space to spend time alone or socialise with others in communal areas. The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. This included a laundry room and communal kitchen to enable staff to support people to develop or maintain independent living skills. This showed the provider had considered the importance of the environment in supporting people to maintain their independently.

Since registering with CQC the provider had taken steps to improve the homes environment. New flooring had been laid in a number of bedrooms, the dining room had been painted and new furniture purchased. One person told us they thought the dining room 'looked lovely'. The registered manager told us further improvements were planned as part of an on-going refurbishment programme. This included installing a lift to enable people to remain living in their home if their mobility deteriorated. The registered manager described this as 'very important' because a number of the people had lived at the home for many years.

Good

Is the service caring?

Our findings

We saw people were very comfortable with staff and enjoyed spending time and engaging in activities with them. A relative told us, "They [staff] are more like [names] good friends opposed to staff. They really are kind and considerate." Another relative told us, "The staff are the differential for me because they genuinely care."

Staff told us they 'loved' working at Mereside Residential Home and took pleasure in their roles because they felt they made a positive difference to people's lives. One staff member said, "When I finish work I know I have done something worthwhile. It's so rewarding, it's what I love doing." Another commented, "It's simple. I just love my job."

People were supported to maintain relationships because the management team and staff understood family and friends were an important part of people's lives. For example, staff drove one person to their family home each Friday, so they could spend the weekend with their relatives. The registered manager told us, "Family relationships are really important. This is the residents home and their family are always welcome. We have an open-door policy." Relatives confirmed this with one commenting, "There are no set times. We can visit at any whenever we choose."

Staff had developed positive, respectful and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. We saw people and staff spent time chatting and laughing together. A relative told us, "[Name] is very happy living at the home surrounded by their friends." A staff member said, "It's a really friendly environment. Our focus is on seeing the residents happy."

Staff and supported people to maintain their dignity and respected their privacy. One person told us, "They [staff] don't come into my room without knocking my door." We saw staff understood the importance of respecting and ensuring people's privacy and dignity was maintained because they were discreet when asking people in communal areas if they needed personal care assistance and they closed doors before assisting people with person care.

People were supported to do things for themselves and staff understood the positive effect this had on people's well-being. One staff member told us, "Supporting and encouraging the residents [people] to do things themselves gives them a purpose, a better quality of life. It makes them feel good which is really important."

We saw people were able to spend their time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw some people were up when we arrived, and other people were still in bed. Some people were eating breakfast in the dining room, and other people had chosen to eat breakfast in the lounge. A staff member told us, "Every day is different. We plan our day based on what the residents [people] want to do."

People told us they had made choices about how their bedrooms were decorated and furnished. One

person said, "All the things I love are in my room." The person invited us into their bedroom which was homely, comfortable, and bright. The bedroom was furnished with photographs, pictures and personal items.

The management team ensured people's care records, which contained personal information, were securely stored and kept confidential.

Good

Is the service responsive?

Our findings

People and relatives spoke very positive about the way in which staff provided care and support. One person told us, "My friends [staff] are there to help me." A relative told us because staff knew their family member and treated the person as an individual they were able to recognise any changes in, for example the persons' mood which they responded to quickly. They added, "Staff turnover is low, so the staff really know the residents." A staff member commented, "We are like a big family. It's special."

Staff were sensitive and responsive to people's needs. For example, when one person became upset we saw a staff member knelt by their side, held their hand and explained their lunch box (the cause of their anxiety) was being prepared. This reassured the person.

People were assigned a specific member of staff called a keyworker. A staff member explained the role of the keyworker was maintaining a special relationship with each person they supported, ensuring all their needs were met and care records reflected people's current needs. They added, "We update the care plans so everyone [staff] know what help the resident [person] needs."

Care plans were personalised and provided information about people's needs, life style choices, histories, preferences and daily routines. For example, one person's plan said they had a very high pain threshold, so staff must monitor their facial expression and body language to identify if the person was in any pain. Another person's records showed their religion was important to them and they liked to take flowers to their family members graves on special occasions. A staff member told us, "Valuing what is important to each resident [person] is respectful. That's how we work in this household."

Records showed people and, were appropriate, relatives were involved in reviewing their care and support needs. One person told us they talked to their keyworker who made sure the person was 'happy'. A relative described feeling 'fully involved' in planning and reviewing their family members care. They added, "Communication with the manager is very good, I am constantly kept updated and informed."

Staff had the information they needed to support people and respond to any changes in their needs. Any changes were shared with staff during a verbal handover at the start of each shift. Information was also recorded in a handover file, so staff could refer back if they needed to check something. One staff member told us, "It's really important to keep up to date." They gave the example of sharing daily information about what one person had eaten because the person had experienced loss and their GP needed to be contacted if the weight loss continued.

Communication care plans described people's individual needs and informed how staff how they should engage with people to ensure they provided responsive care. For example, communication for some people was supplemented through the use of picture cards to ensure they could understand information and express their decisions and choices. This was in line with the 'Accessible Information Standard' which places a legal requirement on providers to ensure information is available to people with a disability or sensory loss in a way they can understand.

People were supported to take part in a range of activities inside and outside the home which reflected their personal interests and hobbies. One person told us, "I go to college and shopping [staff member] comes with me." During our visit one person chose to go out for lunch and to do some shopping. On their return they told us they had enjoyed their outing. We saw another person choose to spend their time looking through gardening books and a third person spent time with a staff member baking cakes.

The management team had supported some people to secure work placements. For example, two people worked at a coffee shop and a third person spent one day a week working at a local storage unit. The person told us they were looking forward to going to work later in the week. The registered manager explained they were 'constantly' seeking to build relationships within the local community to further support people to pursue meaningful activities and employment.

Staff told us activities and events were arranged according to people's interests and preferences. Records confirmed this. One staff member said, "We support the residents (people) to do what they like. We have a lot of fun together." We saw photographs of individual and group activities and holidays displayed around the home. It was clear holidays were important to the people who lived at the home and staff ensured they were supported to enjoy holidays of their choice. One person commented, "We went to Blackpool. It's my favourite."

We looked at how complaints were managed by the provider. Relatives told us they had no complaints, knew how to complain and would be confident to raise any concerns with the registered manager if they needed to. One said, "I would go straight to [Registered manager] and I am sure they would deal with the problem."

Staff understood their responsibilities to support people if they wanted to complain. They told us they would try to resolve any complaints before passing them to the management team. One staff member said, "We want all the residents [people] to be happy. Of course, we would deal with anything which made them unhappy."

We saw the provider had a clear complaints procedure. The registered manager confirmed no complaints had been received since the service registered with CQC in September 2017.

No was living at the home was approaching the end stage of life. However, people's end of life wishes, and preferences were documented to ensure these were followed and respected. For example, one person's care records showed they wished to be buried and their funeral flower of choice was white carnations.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we looked to see if the service was well-led. People and relatives were very satisfied with the service provided and the way the service was managed. Staff felt valued and received the support and guidance they needed to be effective in their roles. However, some improvements the registered manager had made to systems and processes were not, yet, fully effective. Therefore, we have given a rating of Requires Improvement.

The home had a registered manager. 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.

There was a clear management structure in the home to support people and staff. This included the registered manager, a deputy manager and a care administrator. The registered manager told us the management team supported each other and worked well as a team. The registered manager told us they also received support from the provider. They said, "[Provider] is very experienced and is always there to give guidance and advise. I feel very supported."

The management team completed a range of audits and checks to assess and monitor the quality of the service provided, including checks of care records, medicines, equipment and the environment. Where the need for improvement had been identified action was taken. For example, a recent medicine audit had identified a recording error. Following this, a discussion had been held with the staff member and refresher training arranged.

However, we saw other audits were either not always accurate or effective. For example, in October 2018 an infection control audit recorded all equipment in the home was in a good condition. This conflicted with our findings. A care plan audit had not identified the recording omissions we identified. And a recent audit of the environment had not identified the need to fit window restrictors in two ground floor bedrooms. This was a concern because there was a substantial drop from the window to the ground which presented a potential risk to people. This was addressed during our visit.

Some quality auditing processes were not sufficiently detailed to enable them to be effective. For example, the audit tool used to check medicines did not included checking any prescribed creams or lotions kept in people's bedrooms. We saw a bottle of prescribed lotion with a dispensing date of 2012 and an expiry date of 2015. Whilst the management team were confident the lotion was not in use and the person had not suffered any ill effects this was concerning because the medicine had past the date by which its effectiveness, and full safety would not be guaranteed by the manufacturer.

We discussed our findings with the registered manager and care administrator who acknowledge these and took some immediate action to address the shortfalls. The registered manager commented, "Any issues that are highlighted internally and externally I see as a positive opportunity to learn and improve." Following our

inspection, we received confirmation that action had been taken to address all the issues we highlighted.

We saw the registered manager maintained a record where a need for improvement had been identified. This was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. For example, the registered manager had devised a refurbishment programme, implemented a new care planning system and amended staffing arrangements to ensure they reflected people's needs. This showed continuous improvement to benefit people was being made.

People told us they were very happy living at the home. One person said, "This is my home. I love it." Relatives spoke very highly of the service their family members received and the way the home was managed. One relative told us, "[Registered manager] has bent over backwards to keep us informed and to make sure [person] is happy. We couldn't wish for anything better." Another relative commented, "It's [home] a little golden nugget in social care."

Staff told us they felt supported and valued by the management team because they regularly attended individual and team meetings. One staff member said, "You can speak out in meetings if you have something on your mind. You can talk about any problems or ask for training." They added, "The management encourage you to do any training to better yourself." Another staff member told us they felt valued because the management team took time to say, 'thank you.'

The registered manager kept their knowledge of current social care issues updated. They explained they did this through on-going training, reviewing the CQC provider webpage, and attending meetings with other registered managers arranged by the local authority and provider. The registered manager told us they had also visited a home with an outstanding CQC rating. They said, "We can share and learn from each other. It was that visit that prompted me to introduce the new care plans."

The provider ensured people and relatives were invited to provide feedback about the service through meetings and quality surveys. Minutes of a 'residents meeting' dated September 2018 recorded everyone who attended said they were happy living at the home. Records showed the latest relative's quality survey had been analysed and where improvements had been suggested action had been taken. For example, in response to a comment about cleanliness in the home the cleaning rota had been reviewed, additional cleaning hours allocated, and daily monitoring introduced. The registered manager told us, "This is still work in progress. I have high standards not for me but for the residents." This was reflective of our observations during our visit.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred. They also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations into concerns.

During our inspection we asked the registered manager what they were proud of. They told us, "I am proud the residents feel able to tell me if they are happy and that I have a really good staff team and management support." They added, "My priority is the residents and their quality of life. I want them to have the best of everything. When you see a resident smiling you know you can't get better than that."