Edggbasston Investments Ltd

Prince of Wales Nursing Home

Inspection report

246 Prince of Wales Lane
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Date of inspection visit:
07 January 2016

Date of publication:
11 February 2016

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?	Good

Summary of findings

Overall summary

This inspection took place on 7 January 2016 and was unannounced.

Prince of Wales nursing home provides nursing care and accommodation for up to 20 older people. There were 18 people living at the home at the time of our inspection and most people lived with dementia.

A registered manager was 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 2008 and associated Regulations about how the service is run.

Staff were available at the times people needed them and had received training so that people's care and support needs were met. This included training about dementia care. Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible and maintain their independence.

People were involved in decisions about their care and told us that they received support in the ways they preferred. People told us that staff encouraged them to remain as independent as possible and that they were supported to pursue their hobbies and interests. People were supported to maintain relationships with people important to them and visitors were welcomed at the home.

People and their relatives told us that staff were caring and that people were afforded privacy and treated with dignity and respect.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink. People were referred to external healthcare professionals to ensure their health and wellbeing was maintained. Medicines were managed so that people received their medication as prescribed.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the home. This was through regular communication with people and staff, surveys, checks on care workers to make sure they worked in line with policies and procedures and a programme of other checks and audits. Arrangements were in place so that actions were taken following concerns raised, for the benefit of people who lived at the home. Systems were in place to drive continuous improvement at the service for the benefit of the people who lived there.

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 were available at the times people needed them, in order to meet their care and support needs. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified. Staff understood their responsibility for reporting any concerns about people's wellbeing. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's care and support needs. Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided. People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good

The service was caring.

People were supported by care workers who people considered were kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from care workers that understood their individual needs. Visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs. People were supported to pursue their hobbies and interests. People were given opportunities to share their views about the care and support they received and complaints and concerns were dealt with promptly.

Is the service well-led?

Good

The service was well-led

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of service provided. Staff felt supported and able to share their views and opinions about the service. People had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

Prince of Wales Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 January 2016 and was unannounced.

The inspection was undertaken by one inspector.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We spoke with commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who lived at the home, four relatives, and seven staff members. This included the registered manager, deputy manager, cook, nursing and care staff.

A number of people were living with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed two people's care plans to see how their care and support was planned and delivered and looked at care records of a further three people. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

People told us, and we observed staff were available at the times people needed them, to receive care and support that met their needs and preferences. People told us, "The staff spend time talking to me," and "There are plenty of staff around to help me." A relative told us, "There is enough staff around, they could always do with more staff but they do go out of their way." Another relative said, "Most of the time staff are available."

We asked staff whether there were enough of them to meet people's needs. A staff member told us, "For the residents we have currently, the staffing levels are fine." We asked the registered manager how they ensured there were sufficient numbers of staff available. They told us they were confident there were enough staff to meet the care and support needs of the people who currently lived at the home. This was based on people's care dependency levels. They explained there was one nurse vacancy and on-going recruitment was in place. This vacancy was being covered by agency nurses who were familiar with the home. The provider also used a 'bank' of care workers (their own temporary staff who were familiar with the home) who came to work at the home when needed. This ensured continuity of care for the people who lived there. Written 'handover sheets' also ensured agency workers had up to date information about people's care and support needs to promote continuity of care. This was information exchanged between one staff team to the next at shift changes.

People told us they felt safe at the home and potential risks to people had been identified and steps taken to minimise them. For example, one person had been identified as being at risk of falls and advice had been sought from the NHS 'falls clinic' to find ways to reduce the risk of further falls. Staff followed the advice given by the team and ensured the person had their walking frame to hand. Since this time the person had not experienced any further falls.

Staff had a good understanding of other risks associated with people's care, and assessments of risks had been undertaken. For example, the risks related to nutrition, skin damage and moving and handling had been assessed. We saw that these were regularly reviewed to ensure they reflected people's current care and support needs. Risks assessments incuded specific details of any equipment, for example hoisting equipment, to be used as part of people's care and any risks associated with the use of these. Staff we spoke with had a good understanding of specific equipment to be used. Where, for example a person had been identified as being at risk of skin damage, equipment such as pressure relieving cushions and mattresses was provided. We looked at a person's care plan which, because of the risks of skin damage, instructed staff to assist the person to change their position whilst in bed at specified intervals. From our discussions with staff and review of associated care records we found this person received care and support at the required times.

Accidents and incidents had been recorded and each had been analysed by the registered manager to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team. Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

Staff understood the importance of safeguarding people and their responsibilities to report this. Staff we spoke with had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised . A staff member told us, "I would discuss it with the manager so it is taken further." We found that incidents of a safeguarding nature had been reported and acted on appropriately.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who lived at the home. A recently recruited care worker confirmed they had to wait for their police checks and references to be completed before they could start working at the service. They told us, "I had to wait for my references and police check to come back before I could start here."

We looked at how people's medicines were managed. People told us they were happy with how they received their medicines. A nurse told us how they supported people to take their medicines, "I encourage people with their medicines, I praise them and let them take their time." The deputy manager told us they thought they had built up a good relationship with the pharmacy whose service they used, so that medicines were available when people needed them. Medication administration records were well maintained and reflected that people had received their medicines as prescribed.

A number of people were prescribed medicines 'as required' (PRN). For each 'as required' medicine, an individual medicine plan had been writtenso that staff had guidance to follow about when to administer the medicine and the amount to give. This ensured these medicines were given consistently when required, and was particularly important when people could not verbalise their wishes.

Commissioners, who funded the care of a number of people who lived at the home, had recently undertaken a medication audit. The result of this had been positive and any minor recommendations had been actioned straight away.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment, hot water temperatures, electrical and other equipment we saw that all checks were up to date and no issues had been identified. Fire drills were held regularly so that staff knew what action to take in the event of an emergency.

The premises were clean and hygienic throughout and the service had been awarded a 5 (top rating) food hygiene rating. The cook told us they were proud of this and ensured this standard was kept.

Good

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. A relative told us, "Staff have got the skills and they know [person] well. They understand [person]."

All staff members completed an induction when they first started to work at the home, which prepared them for their role before they worked unsupervised. This had recently been revised in line with the Care Certificate which had been introduced by the government in 2015. This sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. A care worker who had recently started working at the home told us, "In my induction I worked with a senior carer. Some of the training I had was a refresher to the training I had before (in their previous role)." New care workers told us the registered manager supported them and helped them understand their roles and responsibilities. Staff were given information about the provider's policies and procedures so they worked consistently and in line with these. The registered manager told us that they checked staff's on going knowledge of these during staff supervision sessions (individual meetings between the manager and the member of staff) and staff team meetings.

Staff received on-going training the provider considered essential to meet people's care and support needs. A care worker told us, "The training is on the ball here." We saw that staff had put their training into practice. For example, in relation to moving and handling training, were saw that staff supported people to move in a safe and encouraging way. The registered manager regularly checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. A plan for staff training throughout the year was in place. The registered manager told us, "Training is based on the needs of the people who live here. If any further training is needed this is reviewed during staff supervisions and at any time of problems are identified."

The service had developed close links with the Alzheimers Society. The registered manager told us they accessed a wealth of information from them to support staff training and took many opportunities to participate in any activities arranged by them. This included a recent 'tribute night' event which a number of people who lived at the home attended. A number of staff, people and their relatives had also taken part in dementia awareness workshops, to further expand their knowledge in this area. Individual 'memory boxes' had been created with the involvement of people and their relatives A large 'dementia board' was displayed in the home which included lots of useful information for people, their relatives and staff about how to improve the quality of lives of people who were living with dementia, and those important to them.

The service had also developed links with other organisations such as Skills for Care. The registered manager showed us information they had obtained from Skills for Care to support staff training. This included information about The Mental Capacity Act and dementia care. Good links were also in place with the NHS community trust, for example nursing and care staff had recently attended pressure sore prevention and tissue viability training.

Staff told us the 'one to one' meetings with their line manager provided them with the support they needed. One care worker told us, "I had a one to one session recently. We discuss any areas I could improve on." Staff received individual supervision every three months and annual appraisals. Staff team meetings were also held regularly. We looked at staff meeting notes. The meeting agenda focused both on staff issues, and how best the staff could support people who lived at the home. This gave staff the opportunity to discuss, and put forward their suggestions about the service provided to people who lived at the home. Staff members told us they felt confident to put suggestions forward and these were acted on.

Systems for effective communication between the staff team were in place and this helped to ensure continuity of care for people who lived at the home. Staff 'handover ' meetings (meetings held when one staff shift finishes and another starts) and a number of communication books were in place to keep staff updated about the care and support people required. Staff memos were used to communicate information to the staff team in between group staff meetings. This included information relevant to staff such as training and development and updates of the provider's policies.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager understood the relevant requirements of the Mental Capacity Act (MCA) 2005. We saw that mental capacity assessments had been undertaken as required and these determined whether people could make informed decisions about various aspects of their lives. Care plans contained information as to whether people had capacity to make certain decisions, and if not, what decisions they needed support with or should be made on their behalf in their 'best interest'.

Care workers had an understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. A person told us, "The staff ask for my permission, for example if I don't want a bath at that time it's ok." A staff member told us that they would always ask people for their consent prior to undertaking care tasks. They told us, "If I go into a person's room one morning and they tell me they want to get up later, this is fine. There is no routine here, it's their home." Another staff member told us, "When I go into people's rooms in the morning I ask them what they would like to do, sit up, sit out for breakfast, or have breakfast later. It is up to them."

Our observations and discussions with the staff team provided us with many examples where people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time; where they preferred their meals to be served; and the times they chose to get up in the morning and go to bed at night. People told us, "I am happy with the time I get up in the morning," and, "I am all right, I please myself. I choose what to do and I go to bed when I feel like it."

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). A number of people living at the home had deprivation of liberty safeguards (DoLS) authorised and we saw the recommendations within these were being followed and reviewed regularly. A relative told us, "[Person has just had a DoLS assessment, they asked me some questions about this and it will be done again next year." We looked at the care plan of a person who had

refused to take their medicine. A best interest meeting had been held which included all relevant people in order to discuss this issue and agree the best way forward.

We checked whether people received enough to eat and drink in order to meet their nutrition and hydration needs. People had a choice of meals, and alternatives to the main meal options were offered. The menu choices of the day were displayed on the notice board for people to see and people were actively involved in menu planning. People told us, "The food is good, it has been good in all the time I have been here," "The food is very nice. We get two or three choices and if you don't like what they bring you they go and get something else," and, "I have drinks whenever I want." A relative told us, "The food must be good as [person] loves it, they've put on weight." The cook told us, "In the morning I go round and ask people what they would like to eat that day."

Staff had a good understanding of people's specific dietary needs and we saw that they supported the small number of people who required additional encouragement during meal times, at their own pace. Adapted crockery was provided as required so that people could eat their meals independently.

People's dietary choices or needs were catered for by the home. We spoke with the cook who told us she was provided with information about people's individual dietary needs and preferences. She said, " We have a resident's dietary requirements list and when people come to live here we get a sheet with people's dietary requirements and preferences on. I get to know people and monitor for any waste." Catering staff had a communication book in which they could share any information related to the dietary needs of people who lived at the home, so they were kept up to date about any changes or requests. We saw that people were weighed regularly and where people had been assessed as requiring extra calories, fortified food was provided, such as full fat food products and regular snacks were given. The cook told us she enjoyed her role and prepared home made meals that people told her they enjoyed. She said, "If I wouldn't eat it myself I wouldn't expect anyone else to. It is their home and menus are changed in response to the feedback we get from people."

We looked at whether people received health and social care when required. A relative told us that if a doctor was required, staff requested this straight away. Appropriate and timely referrals had been made to health professionals, for example when people were unwell or when staff had identified that people were losing weight. From care records we saw that staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, district nurses and community dieticians.

A separate GP diary was in place to keep track of their visits and people's care plans were updated as required to reflect advice given following GP reviews. The GP had started to visit the home weekly and the registered manager said this arrangement was working well . The registered manager also told us there were good links with the community tissue viability team, who provided support to the home's staff when required. The management team told us about positive feedback they had received from health professionals in relation to a person's complex wound management at the home. This has resulted in improvement of the wounds.

Arrangements were also in place for people to have regular health checks, for example by the community optician, dentist and chiropodist. Relatives were supported to be involved in people's health care. A relative told us, "I choose to go to hospital appointments with [person]."

Good

Is the service caring?

Our findings

People and relatives we spoke with were positive about the staff and told us they were caring. A person told us, "The staff are very kind, all of them." A relative told us, "Everyone looks after [person] here. [Person] is happy here and so are we. We can't praise them enough. Everyone is so friendly." Another relative said, "The manager, all the staff are great." Another relative described the service as being " Very personal, caring and friendly."

The deputy manager said, "The most important thing, first and foremost is the care we deliver to people. We make sure people are feeling good. The family atmosphere here is brilliant."
A care worker described the atmosphere within the home as like "One big family home." They told us, "I have got to know the residents and their families well, they are all known by first names."

We saw caring staff interactions throughout the day. This included staff re positioning people's cushions to make sure they were comfortable in their chairs. We overheard staff telling people how nice they looked and provided reassurance when people did not feel well. They also checked that people were feeling warm enough.

We observed good communication between people who lived at the home and the staff team. It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. We overheard friendly banter between people and saw staff spending time talking with people about topics of interest to them. On the day of our visit staff supported a person to celebrate their birthday and we saw that the person responded positively to this celebration.

People we spoke with confirmed they were involved in making decisions about their care and had been involved in planning their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. People were, where possible, encouraged to be involved in a light housekeeping work. Staff told us this had a positive effect on people being involved in life at the home and helped people to retain some independence.

People were encouraged to maintain relationships important to them. A relative told us, "I like to help [person] at meal times, the staff don't mind." A number of people chose to go out with family and friends and staff fully respected this.

People told us their dignity and privacy was respected by staff. We saw this was the case, staff greeted people by their preferred names and personal care was provided in private areas of the home. A person told us, "The staff knock on my door before coming in." We asked staff how they ensured people's dignity was maintained. One staff member told us to ensure the person's privacy and dignity when being assisted with personal hygiene they would, "Ensure the curtains and door are closed."

Details about advocacy services were on display in the home for people to access if needed and we could

see this service had been used. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Good

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. They confirmed their support needs had been discussed and agreed with them, and care workers knew about their likes and dislikes. A relative told us that they were really pleased with the care their family member received at the home, and that the staff were helpful with, "Nothing being too much trouble for them". A nurse told us, "It is a nice home, every day is different. We go with the flow depending on how people are." The deputy manager said, "We know the people here like family and as it is their home the care is planned around them."

The registered manager and staff team had a good understanding of people's preferences and current care needs. A 'named nurse' and 'key worker' system was in place. This meant designated staff members had responsibility for overseeing people's care and support needs were met. We spoke with a staff member who told us about the support they provided to the person for whom they were the key worker. They told us, "I am allocated one resident. I speak with their family and let them know if they are short of things like toiletries or clothes."

People told us that they were happy with how their personal care needs were being met and support was provided with regular baths and showers as they preferred. A person told us, "The carers help me have a bath." People looked clean and had been supported to choose clothing appropriate for the time of year. A hairdresser visited the home fortnightly and people told us that they enjoyed these visits.

People were encouraged to visit the home to see if they would like to live there. People, their relatives, and social workers had been involved in comprehensive pre-admission assessments to assess whether people's care and support needs could be met at the home. Pre admission assessments included information about people's care and support needs along with their likes and dislikes. Individual care plans had been written from this information, with the involvement of people and those important to them.

Care plans were written for people's specific care and support needs and included both short and long term care needs. The deputy manager told us, "We get relatives involved so we can incorporate people's preferences and interests into their daily lives here." Care plans outlined how people wanted to receive their care and support and instructions for staff to follow. "This is me" documents had been implemented, with the involvement of people and their relatives which outlined useful information about people's lives and interests so their care could be planned in line with this. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide.

We saw that people were actively involved in care reviews and family and friends were also invited. A relative told us, "The staff involve us in everything." Another relative said, "The staff will always ring me to let me know if there has been a GP visit or anything like that." They went on to tell us they had seen their relative's care plan and there hadn't needed to be many changes to it recently. Staff told us they were kept informed about people's changing care needs and we saw that care plans were regularly updated to reflect this. This ensured that people's changing needs were met at the home.

People were supported to pursue their religious needs, either outside of the home or by a visiting vicar who came into the home.

People were encouraged to pursue their hobbies and interests. A person told us they had attended a concert of their favourite singer, with support from staff. They told us how happy they were that staff had put a picture of their favourite singer in their bedroom for them to see. They went on to say, "There are lots of activities here. I can join in if I want to." Staff knew this person well and asked if they wanted them to put a DVD of the singer on the TV.. They replied they would like this, so the DVD was put on and staff checked the volume was at the right level for enjoyment. It was evident that the person and others in the room were enjoying this as they were smiling, singing and tapping their feet in time with the music.

The registered manager told us there had been recent changes in how activities for people were arranged. The provider now employed three activity workers at the home, who worked on different days so that activities were arranged each day. They were responsible for arranging group and individual activities for people within and outside of the home. Recent and forthcoming planned activities included a curry night, festive celebrations, a visit from the 'animal man', shopping trips and pub lunches. Photographs of a number of activities were on display in the home. From the notes of a recent 'residents' meeting we saw that people who lived at the home were involved in making suggestions for activities and these were acted on. People could choose whether they took part in activities or not. A person told us they were not interested in joining in with activities and staff respected this

Activities were arranged for people who were unable or chose not to join in with group activities. 'Activity boxes' had been created which included a variety of items for people to smell, touch and hold. The registered manager told us these were created with advice received from the Alzheimer's Society. Opportunities were also provided for people to relax with music of their choice and foot massages. A newsletter had been produced for people, their relatives and staff. This was on display in the home and included lots of useful and interesting information related to people's lives at the home.

People and their relatives told us that they knew how to raise any issues or concerns and make complaints if needed. People told us, "I would tell the staff if I wasn't happy about something but I like it all here." A relative told us, "If I had any problems I would 100% tell them but I haven't had one complaint since [person] has been here." Another relative said, "If I have any problems I would be confident to speak with any of the nurses. Any problems have been taken seriously and resolved." The provider's complaints procedure was on display on the notice board in a prominent area of the home.

Information in the complaints record showed that no formal complaints had been received since June 2015. The overall outcome of the complaint raised was not known as the investigation was still underway, however the provider had worked with commissioners to resolve this. We discussed complaints and concerns with the registered manager. She told us that arrangements were in place to record and resolve concerns. Issues were shared with the staff team using the staff communication book, staff meetings and supervisions so that improvements could be made if needed. The registered manager gave us an example of how the pre-admission assessment process had been amended following a previous complaint, so that lessons had been learnt for the benefit of people who came to live at the home.

Good

Is the service well-led?

Our findings

People told us that they were happy living at the home and thought it was well managed. A relative told us, "I am very happy with [person's] care and more than happy with the home overall." The deputy manager told us, "I am proud of what we have done here for people." We saw that the home had received a number of compliments from people, their relatives and health professionals about the service provided.

The registered manager had been in post since 2013. Through discussion with her, her staff, and the people who lived at the home it was clear she had a good understanding of people's needs and drove improvement within the service for the benefit of the people who lived there. In order to ensure a good quality service the registered manager ensured effective communication between the staff team, people and relatives and told us, "Communication is the key." People and their relatives told us that the registered manager was approachable and they felt they could raise any concerns with her.

We asked the registered manager what she felt proud of and what was her biggest achievement at the home. She told us the service had made a number of improvements over the past year and any achievements were reflected on. They had introduced a number of changes and initiatives for the benefit of people who lived at the home. This included a revised staff induction, increased activity worker hours, the creation of 'memory boxes', 'activity boxes' and enhanced systems to monitor the quality and safety of service provided at the home.

The registered manager gave clear direction to the staff team and ensured they were supported to undertake specific tasks and lead roles. Staff we spoke with were complimentary about her management style. They told us they felt supported in their job roles and that the management team were approachable. A nurse told us, "If I am on a shift and there is no manager here I send them a text message or call them to say all is ok. The manager and deputy manager are approachable." The registered manager was supported by a deputy manager which meant that staff had management support for the majority of the time. The deputy manager worked alongside the staff team four days a week and focussed on administrative tasks one day a week. They told us this arrangement worked well. They said, "The administration day is very useful. I focus on care plans and audits." Managers meetings were held each month, attendees included catering, housekeeping and senior care staff.

Staff told us they had a good understanding of their role and responsibilities. Staff told us and we observed that they enjoyed their work and valued the service they provided. They told us that they were happy and motivated to provide high quality care. Staff explained they had opportunities to put forward their suggestions and be involved in the running of the home, for example, they had put forward suggestions for activities and these had been acted on. A variety of staff meetings were held regularly and staff told us these were useful. A staff member said, "I attend the staff meetings. I voice my opinions and actions are taken in response to what is suggested. For example, I raised that there was not always enough time at lunch between the main course and pudding and this was addressed." Another staff member told us, "There are quite a few staff meetings, they are very useful. There is also a suggestions box, we are all quite open." The minutes of a recent staff meeting identified the registered manager had reinforced to staff that they must let

her know if they had any concerns, no matter how small.

Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to should the need arise. A staff member told us, "I am aware of the whistle blowing policyand would be happy to raise any concerns."

People and their relatives were encouraged to put forward their suggestions and views about the service they received. Group meetings involving people who lived at the home and their relatives were held regularly and the dates of planned meetings were on display so people would know when to attend. The registered manager told us that these were well attended. A relative told us, "I go to all of the meetings. They ask us all the time if everything is ok." Another relative said, "I am going to the relative's meeting next week. I find them useful as they go over what was said at the last meeting so we know what's happened and we talk about plans for the future." The minutes of the most recent meeting showed that people were encouraged to put their suggestions forward. A 'comments box' was also available in the foyer of the home so that people could out their suggestions forward at all times.

Service satisfaction surveys were distributed to people who lived at the home in order to obtain their feedback of the quality of service they received. The results had been analysed and, overall people's feedback from the most recent surveys was positive. Any negative feedback had been actioned and discussed during subsequent 'resident and relatives meetings, staff meetings and care reviews so that people were aware of actions taken in response to their feedback.

The management team played an active role in quality assurance and to ensure the service continuously improved . They used a range of audits to check the quality and safety of service people received. This included checks on the management of medicines, staff training and the safety and cleanliness of the premises. People's care and medicines records were regularly audited to make sure people received their medicines as prescribed and care was provided as outlined in people's care plans. Pre-printed handover sheets included lots of valuable information and were updated regularly after the care plan reviews, so that staff were aware of people's current care and support needs.

The registered manager undertook unannounced 'spot checks' at the home to check the quality of service people received throughout the 24 hour period. Arrangements were in place to act on any lessons learnt, for example a 'medication errors' audit was undertaken in order to identify concerns and put measures in place to reduce the risk of incidents of a similar nature from occurring again.

The provider regularly visited the home, on occasions more than once a week. The registered manager told us the provider was supportive and said, "He used to come every other day but this is not needed now. He comes about two or three times a week and oversees the service."

The provider and registered manager drove improvement for the benefit of people living at the home. For example, there was on going refurbishment of bedrooms. We asked the registered manager what her next plan was. She told us she was reviewing the menus and a meeting had been booked with the catering staff team. Plans were also in place to create sensory lighting in the communal lounges so that people had the option of using this facility to relax.

The registered manager told us that they welcomed feedback from commissioner's quality monitoring visits and actions were taken in response to recommendations made. The outcomes of the most recent visits had been positive, with good outcomes for people who lived at the home.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.