Four Seasons (Evedale) Limited

The Sycamores and The Poplars

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 27 January 2017.

The Sycamore and The Poplars is registered to provide accommodation for 38 people who require nursing or personal care. At the time of the inspection there were 35 people using the service.

On the day of our inspection there was a registered manager in place. 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 were safe living at the service because staff knew how to recognise and report any incidents of harm. Staff were confident that the registered manager would deal with any concerns that they reported. Systems were in place for staff to identify and manage risks. Staffing levels were adequate to meet people's needs. Staff received an induction, training and supervision and felt supported by the management team. Staff were recruited through safe recruitment practices. Medicines were safely administered and stored.

People did not always receive the necessary support during meal times and when drinks and snacks were provided. The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People's healthcare needs had been assessed and were regularly monitored. The service worked well with visiting healthcare professionals to ensure they provided effective care and support.

Staff were kind and caring towards the people they supported. Staff were aware of people's support needs and their personal preferences. People and/or their relatives were involved in the development and review of their care plans. People had access to independent advocacy services should they have required this support. People's independence, privacy and dignity were promoted and respected by staff.

People were supported to participate in activities, interests and hobbies of their choice. People's care records contained guidance for staff on how to support them with their day to day care and support needs. People were provided with the information they needed if they wished to make a complaint.

Staff understood the values and vision of the service. The management team was supportive and approachable towards people, relatives, external professionals and staff. Quality assurance processes were in place to ensure people and others were safe in the service. The registered manager was aware of their regulatory responsibilities.

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 were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

Systems were in place for staff to identify and manage risks.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always receive the necessary support during meal times and when drinks and snacks were provided.

Staff received an induction, training and supervision and felt supported by the management team.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards the people they supported and were aware of people's support needs and their personal preferences.

People and/or their relatives were involved in the development and review of their care plans.

People had access to independent advocacy services should they have required this support.

People's independence, privacy and dignity were promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in activities, interests and hobbies of their choice.

People's care records contained guidance for staff on how to support them with their day to day care and support needs.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and vision of the service.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Quality assurance processes were in place to ensure people and others were safe in the service.

The Sycamores and The Poplars

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 27 January 2017 and was unannounced. The inspection team consisted of one inspection manager, 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 care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and notifications we received from the provider. A notification is information about events that the registered persons are required, by law, to tell us about. 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 home, what the home does well and improvements they plan to make.

We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided at the service.

During the inspection we observed staff interacting with the people they supported. We spoke with eight people using the service. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with eight relatives, three care staff, two nurses, one office administrator, the cook, a representative of the provider, the registered manager and one health care professional.

We looked at all or parts of the care records and other relevant records of eight people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Good

Is the service safe?

Our findings

People we spoke with told us without exception, that they felt safe. One person said, "I'm safe." All the relatives we spoke with told us that they had no concerns about people's safety and welfare. They were confident their relation was cared for safely. One relative said, "It is ever so safe. No one can get in downstairs without ringing, even us family." Another relative said, "Very safe. We've got peace of mind [relations] okay." A third relative said, "[Relations] very safe. We know [relations] okay when we're not here." A health care professional told us they felt people were safe.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns and were confident a member of the management team would deal with any concerns they may raise.

The provider is required by law to notify CQC of safeguarding incidents. We were aware that there had been a high level of safeguarding alerts reported to us concerning the service requesting support from district nurses with catheter care. We discussed this with the registered manager who explained why this was and the action they had taken to reduce risks to people. We found safeguarding incidents had significantly reduced as a direct result of the action that had been taken. Staff also confirmed this to be correct.

Information was available for people on how they could maintain their safety and the safety of others. Information was also available to staff and visitors on how to report any concerns or incidents of people being at risk of harm.

People told us they had no restrictions on their movements. One person said, "I can wander where I like in here. I can go out with family too." Another person said, "I can go anywhere in the building in my wheelchair."

Procedures were in place to protect people in the event of an emergency, such as a flood, loss of electricity or gas leak. Each person had an individual plan to identify available accommodation and the support they would require to evacuate the service. We saw regular checks and routine maintenance of the inside and outside of the building, emergency lights, bed rails, mattresses, slings and fire alarm took place. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw examples where risks to people had been assessed and plans were in place to inform staff of how to reduce and manage known risks. For example, risks associated with developing pressure ulcers, nutrition and falls. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs. Where people required equipment such as hoists we saw these were in place and being appropriately used. We saw that a person's pressure relieving mattress was set at the correct level as stated in their care plan. This meant that the risk of them developing a pressure sore/ulcer was reduced.

All people we spoke with told us there were enough staff who were very hard working and responded quickly if they pressed their buzzers. One person said, "For me, there's enough. We don't wait long." Another person said, "Mostly there's enough." A third person said, "They [staff] come quite quickly when I press my buzzer."

We received mixed feedback from relatives about the levels of staff. One relative said, "There seems to be enough day and night." Two relatives disagreed. A relative said, "We find they need more especially at night." Another relative said, "They never seem to have enough. You don't see them in the lounge." We observed there were enough members of staff deployed but at times the lounge area was not constantly supervised especially in the afternoon. This resulted in some people not being supported to have their drinks and snacks when needed. We spoke to the registered manager about this who said they would discuss this at the next staff team meeting.

All members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. One member of staff said, "Yes we have enough staff." Another member of staff said, "Yes, we are very well staffed." A health care professional told us there were enough staff when they visited.

The registered manager told us that staffing levels were based on people's dependency levels. This included for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether staffing levels needed to be increased. We saw records that showed dependency levels were reviewed in a timely manner.

Safe recruitment and selection processes were in place. We looked at three staff files which confirmed all the required checks were completed before staff began work. This included checks on criminal records, references and employment history. This process was to make sure, as far as possible, new staff were safe to work with people who may be at risk of harm. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were managed safely. People did not raise any concerns about how they were supported with their medicines. One person said, "The nurse waits with me to take my medicine with a drink." Another person said, "I have some [medicines] to swallow and the nurse stands by."

We observed a nurse administering medicines safely to people. They offered a drink and stayed with the person to ensure they had taken their medicines safely. The nurse was patient, reassuring and gave an explanation when required. They checked medicines against the medication administration record (MAR) and signed the MAR when the person had taken the medicine. However, on two occasions we saw the nurse left the medicine trolley unlocked and open in the corridor whilst administering medication to people in their rooms. On one of these occasions relatives walked past. We spoke to the registered manager about our concerns who agreed to speak to the nurse immediately. After our visit they confirmed this had taken place.

Staff told us and records demonstrated that staff were trained and assessed to make sure they had the required skills and knowledge to administer medicines safely. Staff told us, and records confirmed, that they received a yearly medicine competency check. This ensured they were safely administering medicines. We checked the MARs for four people. These records were accurately completed. People had topical cream body charts in place which identified to staff where cream should be administered. Information about each person contained in the medicine file included, details of the medicine they had been prescribed, their photo, the way they liked to take it and whether they had any allergies.

Medicines were stored securely in cupboards and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and were within acceptable limits. This ensured that medicines remained effective. The provider had a medicine policy and procedure in place to support staff. Monthly audits were carried out by the registered manager to assess if medicines were being managed safely and actions had been addressed.

Requires Improvement

Is the service effective?

Our findings

We received positive comments about the food and drink. People's comments included, "I like my meals. I get a choice and it comes hot even if I'm eating upstairs" , "It's nice food. They [staff] will do me something else if I don't want what's on" , "They [staff] ask us beforehand what we'd like. They [staff] do me a snack in between and say I can just ask" and "If I feel thirsty I tell them. I get tea or squash mostly."

Observations carried out over lunchtime and during drink and snack times during the day demonstrated that the experience was poor for some people. A menu was on each table but displayed the wrong meal that was available. Members of staff did not always explain to people what meal or dessert they were being given. We observed staff support people who required the most assistance with their meals however, they did not always do this effectively. We saw a member of staff who was supporting a person to eat not explain what the meal was and there was no conversation. When the person finished the member of staff took the person's plate away without any explanation. Another person in the lounge had fallen asleep and did not eat their main meal. A member of staff woke them to prompt them to eat their meal but the person fell asleep again and their meal was removed uneaten. Some people had finished their main meal and sat for 10 to 15 minutes waiting for staff to finish supporting people with meals before their plates were taken away. We saw that people were not offered a choice of dessert but some people were offered another dessert which they accepted. We also saw the nurse administer medicine to a person whilst they were eating their meal. Due to the amount of encouragement that they needed to take their medicine it took ten minutes to assist the person their medicine. After this the person was not given the opportunity to have their meal reheated. This showed us that people were not always supported appropriately at mealtimes.

People did not have a choice of a drink and not everyone was given a drink with their meal. At other times we observed that staff offered people a regular supply of drinks and snacks but when people required support with drinks in the main lounge area staff did not respond in a timely manner. We saw four people given drinks which they did not touch. 45 minutes later a member of staff encouraged one person to drink whilst the other three people had no encouragement and did not have anything to drink. We also observed several occasions during the day in the main lounge where staff left people a drink without giving them a choice or explaining to them what the drink was. Some people were asleep and were not aware they had been given a drink. This meant that there was a risk that people's hydration and individual needs and preferences may not have been met.

However, we did observe some positive interactions. A person who needed assistance to eat, for example with cutting up their food, was supported discreetly to maintain their dignity. Staff asked people if they enjoyed their meal and people replied "Yes". A member of staff supported a person discreetly to maintain their dignity by wiping their mouth appropriately. We heard people say they enjoyed their meal. One person said, "I did enjoy it." Records showed that people who spent the majority of their time in their rooms or were bed bound received drinks and snacks throughout the day. However, we did not see jugs of water or squash in people's room so they could help themselves when needed.

We raised these concerns with the registered manager. Records showed that where people had their food

and fluid intake monitored they had enough to eat and drink. However, we observed some people did not have the opportunity to eat all of their lunch or have regular drinks. The registered manager told us mealtimes and drinks and snacks were normally well organised with support provided to people if they needed it. However they acknowledged on the day of our inspection the lunchtime meal and people's experience of having drinks and snacks was not effectively managed. The registered manager agreed to look into our concerns immediately.

People had their needs met by staff that were knowledgeable and skilled to carry out their roles and responsibilities. One person said, "They're very good and seem capable." Relatives were confident that their relation was appropriately supported by staff that understood and knew their individual needs. A relative told us, "We know a lot of them[staff] now and they're brilliant. We've seen a big difference in [relation] in the last few weeks, for the better."

Staff told us, and records confirmed that new staff received an induction which provided them with the skills needed to support people in an effective way. They said that it was supportive and helped them to understand what their role and responsibility was. A variety of training had taken place which included but was not limited to, health and safety, moving and handling, infection control and dementia. They said this was a mix of online training and face to face. Staff said they also had the opportunity to shadow other members of staff. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff were positive about the support they received from the management team. They said that they had regular opportunities to meet with their line manager to review their work, training and development needs. One member of staff said, "I feel very much supported." Another member of staff told us they discussed a variety of topics in supervision such as training and how they could improve in their role. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

People told us, and we observed that staff asked for consent before providing care. Comments included, "They ask my permission. I'm never moved about without them explaining" , "They'll ask, they don't just tell me" and "They will ask me first and don't force me to do anything." However, we observed during the lunch time meal cotton clothes protectors were offered to people but staff did not always ask for people's consent before putting them on.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff and the management team we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions, such as medication, use of bed rails and moving and handling, had been carried out when

people's ability to make their own decisions was in doubt. Where a person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

The manager had made DoLS applications where appropriate. This included for example, where a person had been assessed as not having the mental capacity to decide where to live and was not free to leave the service alone. This ensured that they were not being deprived of their liberty unlawfully.

People and their relatives told us people had their health care needs met by a variety of professionals such as an optician, dentist and GP. One person said, "They [staff] got the doctor out for my chest infection and were quick to get me in hospital with a urine infection as I went peculiar. I had the dentist here and they took out a bad tooth. I got new glasses from the optician." Relatives told us that their relations had access to a speech and language therapist, dentist and chiropodist when required. One relative said, "[Relation] has the district nurse to dress her toe a few times a week. They have just had an x-ray to see if it's got worse."

Care records contained information about the involvement of a range of external professionals such as, speech and language therapist, diabetic specialist nurse, respiratory nurse, GP, tissue viability nurse and optician. Recommendations made by a speech and language therapist about a person having their food pureed and thickened fluids were followed. We saw that the cook was aware of the person's change in diet and had updated the person's 'resident's food profile' and the family confirmed that their relation received this diet and had plenty to eat and drink. One person had a pressure sore and a referral to the tissue viability team had been completed in a timely manner and visits from a tissue viability nurse had been recorded. This demonstrated that people had been supported appropriately with their healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives we spoke with told us staff were kind and caring. One person said, "All of them are lovely." Another person said, "They all speak to us as they go by, they are so friendly." A third person said, "They talk to me a lot so I feel easy with them." A relative said, "They are fantastic with [relation]. It was the right choice to move them here." A health care professional said, "Yes on the whole they are kind."

People told us they were happy living at the service. Comments included, "I'm very happy being here" , "I'm as happy as I can be" and, "I have a lot of nice company and always people around me."

Staff spoke positively about working at the service. Members of staff said comments such as, "Really nice place to work. There's a family atmosphere" , "I love my job" , "I like taking care of people" and "It is like a home from home."

We observed staff interact with people throughout the inspection. People were seen to be at ease with staff and they spoke openly and warmly to each other. For example, one person was tired walking independently and a member of staff supported them to sit down and have a rest. They offered the person a drink who accepted. The staff member returned with the drink and the person took a sip and said, "Lovely." We did note on occasions when staff used the hoist to assist people with transferring from one part of the home to another interaction with people was limited. We saw reassurance was not always offered however, the transfer was done safely. We raised this with the registered manager who told us staff normally reassure people when supporting them, but would remind staff to ensure this was done every time in the next staff team meeting and during supervisions.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

All the people and relatives we spoke with told us staff knew how to support them. One person said, "I always get looked after and they know what I'm like." Another person said, "They [staff] do the best they can for us. I'm well looked after." A relative said, "They're [staff] so good with [relation]." Staff knew people very well and were able to describe their care needs, likes, dislikes, routines and what was important to them.

People and relatives told us staff listened to them. One person said, "I'm very much comfortable with them. I can tell them anything." A relative said, "They [staff] always listen. It is not like giving us lip service." We observed staff engaged with people and relatives and there was an exchange of friendly communication that showed us meaningful relationships had been developed.

People told us they were supported to be independent and make choices. One person said, "I decide when I'm ready to sleep and wake up. When it's time to dress, they [staff] open the wardrobe and I tell them what I want. I like to look nice." Another person said, "I choose my nightie each day." A third person said, "It's totally up to me about bedtimes. We're not restricted or woken early."

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. One person said, "My [relative] does it for me [speak to staff] and will tell me if they've been seen." Relatives we spoke to had seen their relation's care records and had been involved in discussions about their relation's care. One relative said, "We go to regular meetings and they ask us if we're happy." Another relative said, "We have a meeting and talk to the manager. They tell me straight away if there are any changes in [relation] or any appointments come through." A third relative said, "We've been told we can see [relation's] care plan any time." Records reviewed confirmed what we were told. Staff included people and their relatives in opportunities to discuss their support needs and this was recorded.

People told us that they felt they were treated with dignity and respect. One person said, "They still knock if my door's open." A relative said, "The staff ask us to leave the room when they're doing things for [relation]. They shut the door and curtains." Another relative said, "[Relation] is in in bed all the time and their bedding is changed every day. The staff bath them and wash their hair weekly."

A health care professional told us staff always closed doors when they were supporting people with personal care. We saw staff took people away discreetly from lounges to support them with their personal care. We observed staff using blankets to cover the laps of some people in the lounge to protect their dignity. We also saw that staff treated information confidentially and care records were stored securely.

The registered manager told us there were no restrictions on people being able to see their family or friends. All the relatives told us they could visit whenever they want. One relative said, "We can come anytime. One of the family visits every day." Another relative said, "We can turn up 24 hours a day."

Good

Is the service responsive?

Our findings

People told us they had the opportunity to take part in a variety of activities. One person said, "We have a good laugh. We've had sing songs, the memory café, bingo, quizzes and I went on a boat trip and been to the pub too." Another person told us, "I join in if I want, I like quizzes or bingo. We had an outing to a big house to look round last year. But if I want to be quiet, I'll stay upstairs." One person told us they had a newspaper delivered daily and shared it with other people. A healthcare professional told us they had seen people taking part in activities such as handicrafts and a carol service.

Relative's feedback was mixed about activities provided at the service. One relative said, "[Relation] can listen and hear people around them in the lounge. In their room, they've got no TV or music. They've [service] stopped doing soft ball games and skittles and they'd join in those. Not now." Another relative said, "[Relation] is in bed all the time and we visit every day. They respond to music so has a CD player on a lot of the time. But that's about it." One relative disagreed. They said, "[Relation] likes to sit and watch what's going on or join in. They [service] take people out in the summer on some trips."

Staff we spoke with told us there were activities such as bowling, bingo, trips to the local garden centre and visits to the pub. An activities coordinator supported people with activities in the morning but was not available in the afternoon. We saw people in smalls groups of two to three at a time taking part in an exercise group with the activities coordinator. They were smiling and clearly enjoyed the sessions. The activities coordinator kept people's attention and ensured they involved and encouraged people to take part. They told us they did one to one activities with people in their rooms such as hand massages, painting people's nails and reminiscing about the past. We saw that records were kept which showed who had taken part in the activities provided.

In the afternoon we observed a person knitting baby clothes. They told us they were knitting for the local hospital and had personally delivered the clothes in the past. We also saw people having their nails painted, members of staff sitting and talking to people and a person reading the newspaper. The service has a rabbit which the registered manager showed to people. They were smiling and laughing and clearly enjoyed stroking the rabbit. There were photographs of previous activities which included flower arranging, school children attending the service and people having a sing along. The registered manager told us and a relative confirmed, the service had a reminiscence café where people from the service and the local community attended. This meant the registered manager had developed positive links with the community.

People's care records were written in a person-centred way and contained information regarding their diverse needs and provided support for how staff could meet those needs. Discussions had taken place with people and relatives to gain an insight into people's life histories and plans for the future. This helped in the development of the care records. Information about people's likes, dislikes, wishes, feelings and personal preferences had been considered when support was being planned. However, this information was often found in documentation in people's rooms. The registered manager told us they were rewriting care records so this information would be in people's care plans in the future.

People's care records contained guidance for staff on how they would like staff to support them. Staff had a good knowledge of people's preferences and could explain how they supported people in line with their care records. For example, we saw a person being supported to transfer with a hoist and two members of staff as stated in their care records. We looked at another person's care records who had behaviours that might challenge. A behaviour chart was in place which showed staff how to support and respond to the person when they displayed behaviours that might challenge. This meant that staff had information in care records to support people appropriately. People's care records were regularly reviewed. We saw attempts had been made to involve people and their relatives where appropriate with formal reviews of their care and support needs.

The complaints policy was accessible for everyone. People and their relatives confirmed they knew how to make a complaint. One person said, "I don't need to complain at all. If I did, I'd talk to [staff]." Another person said, "I've no grumbles about things."

A relative told us, "Last year we had a problem one night. A [member of staff] was very abrupt to [relation]. They [management team] had them disciplined and we were involved all the way." Another relative told us, "The cleaning and decorating should be done at night time. They were painting in the lounge all day and it was bad for [people] with all the noise and strangers. Some had to stay in their room all day. It was bad planning." We spoke to the registered manager about this concern and they agreed to look at how any future decoration could be done differently.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them.

The complaints record showed no complaints had been received in the last 12 months. Staff understood how they would manage concerns or complaints.

Good

Is the service well-led?

Our findings

We found there was a positive culture amongst the staff who had a strong understanding of caring and supporting people. Staff demonstrated they understood the provider's vision and values. When asked about the services visions and values one member of staff said, "To give people a really good quality of life and meet their physical and emotional needs." Another member of staff said, "Keep life normal for people as this is their home." This demonstrates that the staff's knowledge was in line with the provider's vision and values.

Relatives we spoke with made positive comments about the management team of the service. Comments included, "We can't fault the registered manager. We can ask her anything. We get an immediate phone call if there's any changes in [relation]" , "We haven't got any qualms at all. We can speak to [management team] and get things explained" and "[Registered manager] is a nice lass and easy to talk to." A health care professional told us the registered manager was, "Approachable and always amenable." A comment by a professional in a survey in 2016 said, "On the two times I have been here [service] I have found the staff and management excellent. The staff are very friendly and helpful. They [staff] all have good spirit and rapport with the residents."

However, some people we spoke with were unsure who the registered manager was. Comments included, "They say hello but I'm not sure who's who" , "I think I know who [registered manager] is but they don't talk much" and "I don't know the manager."

People and relatives we spoke with made positive comments about the service and were happy living there. One person said, "I can't fault a thing." Another person said, "It's a perfect place. It's clean, you can't get anywhere better." A relative said, "We are glad we made the choice to put [relation] in here."

A survey in 2016 had been completed by people who used the service. People said staff listened to them, they felt safe, enjoyed the meals and would recommend the service. One person said, "I have a laugh and a joke with staff." Another person said, "Generally good meals."

Relatives told us they had the opportunity to give feedback about the service. One relative said, "We did one of the Care home online surveys and we've been to some of the meetings. We see some things change afterwards, like better presentation of soft meals." Another relative said, "They [service] have meetings every three months and we get the minutes the week after. Then if things aren't done, we can go in and say." This demonstrated the service was committed to improving standards and quality of service provision.

Staff told us they felt able to give their views. Regular staff meetings were held and the staff spoken with felt the registered manager was approachable and willing to listen to them. Staff also told us they were able to raise concerns, express opinions and would be listened to by the registered manager. One member of staff said, "[Registered manager] is very approachable, really supportive. She's amazing." Another member of staff said, "I feel I can give my opinions during staff meetings."

We saw that the registered manager was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions. The registered manager told us that they felt well supported in their role. They had regular meetings with their manager. They also attended meetings with other managers of services within the provider group which they found supportive. The registered manager had recently won manager of the year award for the East of England with the provider. They told us, "I love my job. It is rewarding and satisfying coming to work. I'm proud to be here."

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents.

We saw the service's policies and procedures which set out what was expected of staff when supporting people. A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe. We reviewed some of these processes in areas such as health and safety and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion. Monthly audits were carried out by the registered manager to assess if medicines were being managed safely and actions had been addressed. The registered manager had also completed one night check and had identified an area of concern and appropriate action was taken to make people safe. We saw that a regional managers audit was carried out on a monthly basis. This included, but was not limited to, care plans, equipment, complaints, training and recruitment. Areas of concerns had been identified and action had been taken to rectify concerns. This demonstrates that processes were in place so people received an effective service.

We also saw competency checks had been completed to observe members of staff applying creams, lotions, ointments and the use of thickening agents. This demonstrated the service was committed to improving standards and quality of service provision.