The Shaw Foundation Limited

Woodview House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Woodview House Nursing Home is registered to provide accommodation and personal care for a maximum of 24 older people with a diagnosis of dementia and/or mental health needs. At the time of our inspection, there were 17 people living at the home. Our inspection took place on 8 March 2017 and was unannounced.

At our last inspection in February 2016 we identified that improvement in a number of areas in all the key questions was required. The provider was also in breach of the regulations as they had failed to notify us of Deprivation of Liberties Safeguards authorisations. We found on this our most recent inspection; the provider had made the necessary improvements.

There was a manager in post at the time of our inspection and we saw that they were in the process of registering with us. 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's medicines were administered as prescribed. Electronic and paper copies of medicine administration records in use did not match in relation to people's prescribed medicines. Guidance for staff in relation to 'as required' medicines needed to be more robust. There were sufficient numbers of staff available to keep people safe and meet their needs. Staff had received training in keeping people safe and understood their responsibility to report any observed or suspected abuse. Staff were knowledgeable about the risks associated with people's care and support; risk assessments and management plans were in place to manage any identified risks.

Staff received a good level of training and a comprehensive induction to ensure they were effective in their roles. The principles of the Mental Capacity Act (MCA) 2005 were being followed as the provider was ensuring that when people lacked mental capacity they were being appropriately supported to consent to their care. People were supported to access food and drinks of their liking and were offered choices. People were referred to other health care agencies for support and advice if they became unwell or their needs changed.

Staff were kind, caring and engaged well with people. Interactions and communication between people and staff demonstrated that they knew people well and were able to reassure them when they were in need of reassurance. Relatives spoke positively about the care and support received by their family member. Staff respected people's privacy and encouraged them to be as independent as they were able. People were supported to maintain relationships with people that were important to them.

Care was personalised and met people's individual needs and preferences. People and their relatives were involved in the assessment and planning of care. The provider had a complaints procedure and people told us they felt they could approach the management with concerns and they would be dealt with.

The provider had acted appropriately to address areas requiring improvement in relation to issues raised with them. Staff were well supported in their role and demonstrated a clear passion for their work. Management of the service provided staff with the support required for them to deliver effective care. Staff benefitted from regular supervision and meetings. People and relatives were actively encouraged to provide suggestions and opinions about the service, this included through regular meetings and surveys supplied to them for their completion. Staff could make suggestions and give their opinions openly to the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received their medicines as prescribed but electronic and paper medication administration records available did not match.

Sufficient numbers of staff were available to keep people safe and meet their needs.

Staff were knowledgeable about the risks associated with peoples care and support.

Is the service effective?

Good

The service was effective.

People's consent was gained before care was provided and the requirements of the Mental Capacity Act 2005 were met.

Staff completed an induction and received relevant training so they had the skills and knowledge required to effectively meet the needs of people at the home.

People's nutritional needs were met and they received health care support when their needs changed or they became unwell.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were treated with privacy and dignity.

People were effectively reassured and comforted in times of distress.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and reflected people's individual needs.

People had access to a range of varied activities which met their preferences.

The provider had a complaints procedure and people or their relatives felt able to raise any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

Relatives knew the manager and were able to seek support or speak with them when required.

Feedback about people's experience of the service was actively sought.

Quality monitoring systems were in place and the appropriate action was taken when areas for improvement were identified.

Woodview House 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 8 March 2017 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We spoke with one person who used the service, although there communication with us was limited by their condition and two relatives who were visiting the home. After our inspection we contacted and spoke with a further three relatives. We also spoke with the cook, an activity coordinator, five members of staff, a visiting healthcare professional, the deputy manager and manager. 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 reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed three staff recruitment records, four medication records and a range of records used in relation to the monitoring of the service; these included complaints, incidents and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

Relatives were happy with how staff supported their family member with their medicines. They told us, "As far as I know they [relative] has them every morning after breakfast and then in an evening. I do know they [relative] can sometimes spit them out but the staff always try to make sure they take them. They [staff] are patient and never force [relative's name] to take them" and "I'm usually here when lunchtime and teatime medicines are given. They [staff] do tell [relative's name] what they are and they [relative] take them no trouble. They [staff] give him a drink and make sure they've gone down".

At our last inspection in February 2016 we found that in some instances the amount of medication available did not match what the records stated should be available. The electronic system used by the provider to record what medication had been given had either failed to save an entry made and/or staff had not consistently recorded that medication had been given. At that time the staff spoken with identified that the electronic system had been difficult to use and they had instead reverted back to using handwritten Medication Administration Records (MAR) at times. At this our most recent inspection we found that overall the necessary improvements had been made, this included the provider arranging additional training for staff in relation to the use of the electronic system in place.

We reviewed four MAR and observed staff effectively administering medication and supporting people to take them. Basic guidance was available for staff to refer to in relation to the 'as required' medicines people were prescribed but they needed to be more personalised to each person's individual needs. The manager agreed to ensure these were improved. Staff we spoke with could not give a consistent account of when they would give some 'as required' medicines or what they were specifically prescribed for. The electronic MAR we reviewed were fully completed with no gaps or omissions evident and checks on stock levels further evidenced that medicines had been given in the correct quantities. However, the printed MAR provided by the pharmacy did not match the medicines that were on the electronic record. This meant that if staff needed to rely upon the printed copy should the electronic system fail, the printed MAR would not provide an accurate record of the person's prescribed medicines. The manager said this had not been identified by the audit document being utilised and they reported this as an issue immediately to the provider and set about rectifying this issue at the home.

The provider told us in their Provider Information Return they sent to us that all nurses undergo medication training and completed internal medication administration competencies. Staff responsible for administering medicines told us they had additional training that had supported them to use the electronic system more effectively and that their competency was regularly checked. Medicines were being stored securely and disposed of appropriately.

At our last inspection we saw that staff were not always aware that people's needs had changed and changes in needs had not been consistently updated in the person's records. This meant that risks to people were not communicated effectively to ensure people were supported in a safe way. During this our most recent inspection we found that records were up to date and any risks in relation to care provision were assessed, reviewed and were well understood by staff. Staff we spoke with knew about risks associated with

people's care and we observed they managed these risks effectively to keep people safe. We saw that people were supported to maintain good skin health and reduce the risk of them developing pressure sores; for example, pressure relieving cushions were in place and handling equipment was seen to be gently removed from people to avoid rubbing and/or friction to their skin. Records contained sufficient information for staff to follow to reduce risks to people.

People using the service were supported safely and protected by staff. Although it was difficult for people to express themselves around the question of safe, our observations indicated that they were safe in the environment; staff behaviour, actions, use of equipment and attentiveness towards people ensured that they were supported safely. For example we observed people being moved in wheelchairs and saw that the footrests utilised appropriately and brakes were applied when appropriate. All of the five relatives spoken with told us they felt their relative was safe at Woodview House. Their comments included, "Yes they [relative] are safe here, the staff make sure of that", "They keep [relative] safe all the time and they haven't fall once since they came here" and "I have no worries about their [relative's] safety at all".

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. A staff member said, "I would report any concerns, I am here to protect people from any kind of abuse". The provider reported any concerns about alleged abuse or harm that had occurred to people using the service to the appropriate authorities in a timely manner.

Staff were able to describe how they would deal with, report and document any incidents or accidents that occurred. Documentation in relation to incidents and accidents that occurred outlined the immediate actions taken by staff to minimise further risks to people and were analysed by management for any developing trends. Staff told us that any action taken or changes to practice following an incident was shared with them in daily handovers.

Safe recruitment procedures were being followed in relation to employing new staff. The provider had acquired employment references and criminal records checks prior to employing people. This meant that they could ensure as much as possible that staff employed were of good character and fit to work with people who used the service.

Relatives told us there were enough staff to provide the care and support people needed. Comments included, "The staff are always with them [relative] and there's plenty of them to go around" and "There used to be some agency staff used but that's not happened for a long time. It's always the same [staff] here now. It helps that they know [relative] well". We found that the dependency levels and complexity of peoples support needs had been considered by managers when establishing staffing levels and developing rotas. During our inspection we observed there were a good amount of staff available to meet people's needs.

Good

Is the service effective?

Our findings

All the staff we observed were seen to be effective in their roles, following care plans, administering medications safely and interacting with people, each other and us in a positive, professional manner. Relatives spoken with were overwhelmingly complimentary about the abilities of staff in supporting their family member. One relative told us, "They [staff] are so good at what they do, they have an understanding of what people need and it's a real skill". A visiting healthcare professional said, "The staff have a real understanding of how to look after these people, many of whom have needs that are very complex and challenging to manage".

At our last inspection in February 2016 we found that people were not always provided with choice in relation to nutrition and/or supported to choose a meal by alternative methods of communication, if they were not able to make clear choices due to their condition. We saw that tables were not set with cutlery or any other indicators for people to show that it was lunchtime and that few people used the dining table. On this our most recent inspection improvements were seen in relation to the dining experience and how people were provided with choices.

We observed the lunchtime meal being served and this smelt and looked appetising, with the majority of people eating well. All the relatives spoken with said the food was "nice" or "very nice". Other comments included, "Its lovely food here and if they [relative] don't eat much of what's been offered they [staff] will offer other things" and "I visit every day and I sit and have my lunch with [relative's name]. The food is lovely and always tasty and there are lots of choices". We saw that people were offered a choice of meals and were offered snacks and drinks throughout the day. Some people required a special diet and this was catered for, such as a soft or pureed diets. People's risk of malnutrition was regularly reviewed, monitored and recorded so staff could identify if people had gained or lost weight. We observed people being provided with and offered regular drinks throughout the day and these were provided to them in specially designed vessels or with straws to enable them to drink independently. Only limited numbers of people ate at the dining table; we discussed this with staff and they were able to describe how this had been assessed according to people's individual needs and condition. A staff member said, "We have found that people eat more and get more enjoyment with their meal away from the main tables. Most people use specialist chairs which are difficult to utilise at a dining table. We have identified that for a number of people moving them or interrupting them from what they are doing to be moved to the dining table can be upsetting and distress them, so we follow and do what works for the individual". We spoke with the cook who was clear about people's dietary requirements. All involved in food delivery and preparation at the home were able to describe people's likes, dislikes and preferences and records were available to provide additional guidance for staff in relation to these.

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).

At our last inspection in February 2016 we found that some staff did not have an awareness of who required a DoLS and the reasons for these although a number had been authorised. This meant that without this knowledge they would not have an understanding of how people with a DoLS in place needed supporting and how to ensure they are not unlawfully restricting people.On this our most recent inspection we checked whether the service was working within the principles of the MCA and found that the necessary improvements had been made to staff knowledge and the management of DoLS in general at the home.

A relative said, "The staff always try to get their [person receiving the service] permission before they move them or give them anything". Mental capacity assessments had been undertaken when people could not make decisions for themselves. Staff understood the importance of gaining people's consent and following the principles of the MCA. We saw that consent was sought by staff before delivering any care or support to people and although most people using the service were not able to verbalise consent, staff waited for non-verbal cues and signs before proceeding with any intervention. We saw applications had been submitted and DoLS had been approved where potential restrictions on people's liberty had been identified.

Staff were well supported with training to develop their abilities and skills. Training courses offered by the provider were tailored to meet the needs of people who lived at the home, for example the management of behaviours that challenge. Staff told us the training they had received was of good quality and they felt it equipped them to perform their role effectively.

The provider told us in their Provider Information Return they sent to us that they offered induction to ensure that staff have the correct skills and knowledge which enable them to deliver care effectively. We saw that staff received an induction so they were aware of their roles and responsibilities when they started working at the home. Records showed new care staff completed an induction that was linked to the new Care Certificate which incorporated some of the provider's values. The Care Certificate provides care staff with the fundamental skills they need to provide quality care. One staff member explained how their induction had helped them to be effective in their role, saying, "My induction showed me how to care for each individual just how they liked it by shadowing other staff and how they supported people. It was enough for me and I felt ready to do my job at the end of my induction".

Staff were receiving regular supervision and told us that they felt well supported within their roles. A staff member told us, "We get one to one supervision but can also get support from the nursing staff or any of the team as and when we need it too". Staff told us that supervision gave them the opportunity to gain feedback about their performance and/or identify any training they needed to undertake.

The GP conducted a surgery at the home weekly and we saw that people had access to a range of healthcare professionals. Indeed on the day of our inspection the GP was reviewing several people at the home. All relatives spoken with confirmed that their family members health needs were met and their comments included, "If they [relative] are not feeling very well, the staff will ring and tell me they are on bed rest and that they have fetched the doctor to them" and "Oh yes they [staff] would call the doctor if [relative's name] needed them, they did the other week. They [relative] had a bit of an infection, but the doctor comes to see them all quite a lot anyway". Records outlined how staff should manage people's health conditions and staff we spoke with understood peoples' individual health needs. This meant that the service effectively supported people to maintain good health.

Good

Is the service caring?

Our findings

At our inspection in February 2016 we observed examples of some staff not always treating people with dignity and respect. We also saw that people were not always acknowledge and reassured or comforted appropriately by staff. During this our most recent inspection all of the interactions we observed were kind, caring and any distress displayed by people was appropriately responded to by staff. We saw that people were treated with warmth and respect and had positive and meaningful relationships with the staff. Feedback received from relatives supported our findings. Their comments included, "The staff are very kind to [relative's name], "They [staff] talk kindly and sometimes they [relative] swear or lashes out but they [staff] never treat them [relative] any differently. I sometimes get a bit upset by all this and the staff will sit with me and they chat to me to try to stop me worrying. They are very kind to me too" and "I come every day and the staff are lovely and very caring, always chatting with [relative's name]".

The atmosphere in the service was relaxed and unhurried. No one was rushed with any task. We observed interactions between people and saw they received the reassurance and encouragement they needed from staff that were kind and sensitive to their needs. For example, we saw staff holding people's hands, quietly offering reassuring words when they became distressed such as 'you are safe here' and using diversion techniques such as objects or activities to calm people. Staff were seen to work hard to engage people in activities that gave them pleasure if they appeared restless or upset. We saw several people using soft toys and dolls which clearly provided a level of interest, distraction and comfort to them.

Relatives told us they were consulted about decisions regarding their family members care and had been given the necessary verbal or written information they needed. We saw that people were supported to make basic day to day choices about their care and support whilst encouraged to be as independent as they were able to be. We observed that most of the people at the home had verbal skills that were compromised. However, it seemed clear that the staff knew people very well and made great effort to communicate with them in ways which were caring, meaningful and impactful.

Relatives spoken with told us, "The staff all love [relative's name], they [staff] treat them kindly and with respect and that's all I want, I couldn't ask for more" and "They [staff] treat me as well as they treat [relative's name] ,they ask how I am, they ask me if I'm having a meal or if I want a drink. They treat us like family here". Relatives also told us they could visit the home freely and they could 'come and go whenever we want to'. We observed that people received care that was dignified and respectful. We observed many kind, compassionate and spontaneous exchanges between staff and people. Staff acknowledged people by name when they came into contact with them and communication between staff and people was good humoured indicating that they knew the people they cared for well.

People looked clean and were dressed individually in a multitude of colours and types of clothing which showed that culture and individuality was respected. People's hair looked well cared for and maintained. The manager and staff knew how to access support from local advocacy services for people should they need independent advice or support. At the time of our inspection no one at the home required support from an advocate.

Good

Is the service responsive?

Our findings

At our last inspection in February 2016 we found that there was a lack of activities available for people with little interaction between them and the staff. The activities available were also found to not be suitable for people's varying levels of ability. On this our most recent inspection from our observations and the comments received from relative's experiences that improvements had been made. One relative when spoken with about their family members experiences said, "In the summer it's lovely to spend time in the garden. We take [relative's name] out into the garden and we can have lunch out here. The girls [staff] take [relative's name] out there too because they know they loves it and it perks them up". Other relatives said, "This is a lovely spot [the conservatory] and sometimes when I get here [relative's name] sitting in here with the music on, looking at the garden. The staff sit and chat with [relative's name] and read the newspaper to them. They talk to [relative's name] about their past jobs, the staff are fantastic and they [relative] is never alone", "The girls [staff] devote all their time to [relative's name]. They are so patient" and "There's always something going on to keep [relative's name] occupied and entertained so they don't get bored".

We observed that staff actively supported people to engage in activities. For example we saw staff sitting flicking through magazines with people chatting or reading to them from books. The home had available a large amount of items that staff used to provide stimulation and engage people in activities, such as jigsaws, colouring books, music with headphones, soft toys and 'play' items. For example, we saw staff using materials to engage a person in imaginary role play related to their past jobs. We saw the person was engrossed in this interaction with staff and appeared totally fulfilled and occupied for a long period of time. The person was not able to verbally communicate but was seen to rock and hum and smile to themselves and at staff as they engaged them. Another person was seen to be supported to listen to their favourite singer through headphones; we saw that the person became more relaxed, closing their eyes and sitting back in their chair whilst singing along to the music.

People received care that was personalised to their needs. We observed staff working closely with people and clearly knew their needs well. A relative said, "[Relative's name] likes a shower every day and they [staff] do that and do their hair and makeup, and apply lipstick too. [Relative's name] loves her lipstick on". One relative, when asked what their loved one spent time doing said, "Anything and everything that they want. The staff are really kind and work hard to do things that make people happy that live here. Sometimes they are too busy making something to notice I have arrived to visit but that's ok". A staff member told us, "All of the staff here rotate between each person by spending an hour on one to one with people. This is helpful for the staff and more importantly for the person. It means we more or less know everyone really well. We can all then notice any number of the little subtle changes that can happen to people we care for, which might mean they are a bit unwell or unhappy for some reason" and "Most people find it difficult to sit for a long time to have a wash cut and blow dry so we break it down into shorter times spent on having a cut and then we [staff] wash and blow it. It's all about what works for each person". Records we reviewed contained information about peoples personalised needs, likes and preferences. Each person had a personalised 'lifestyle plan' which staff spent time designing with relatives help where possible, or with a combination of this and with observations of what they noted people found pleasurable or stimulating.

People's needs were assessed before they moved into the home. An assessment of people's needs was carried out to ensure that the service was appropriate for them and could meet their needs. As much as possible people were involved in planning their care. The relatives we spoke with told us they were involved in the assessment, planning and reviews of their family member's care. They told us, "We have had quite a few meetings about [relative's name] health and care needs and if they have changed" and "Oh yes, the staff talk to me and ring me all the time. Each day when I come they give me an update on how [relative's name] has been" and "We have reviews and chats every few months about [relative's name] care". Records confirmed that the six monthly care reviews took place with relative's present and people's needs were updated as required.

The service listened to people's concerns and complaints. Relatives spoken with were confident to raise any concerns with staff and they were confident any complaints would be dealt with appropriately and fairly. They told us, "We are always given a chance to raise concerns and things would be put right if it's needed" and "I have no worries about how [relative's name] is looked after at all". Complaints were recorded and any action taken and responses were undertaken in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

At our previous inspection in February 2016 we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008. This was because they had failed to follow the principles of The Mental Capacity Act 2005 [MCA]. We saw that a number of Deprivations of Liberty Safeguards [DoLS] applications had been made by the manager and some of these had been authorised. We found that we had not been notified of these authorisations as is required by law. Providers have a legal responsibility to inform us of any authorised Deprivation of Liberty applications. At this inspection we found that improvements had been made as the provider had sent us notifications in relation to all the current authorisations for DoLS at the home This meant that the provider was no longer in breach of this regulation.

People using the service were not always able to give their views clearly about the service they received, but relatives spoken with were extremely positive about their experience of how their family member was cared for. One relative said, "[Relatives name] has been living here for four years now. I wouldn't want them to live anywhere else, it's just great here". We saw that the home was well organised and staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about being part of its continuing improvement. We observed all the staff working well as a team, providing care in an organised and calm manner.

Our discussions with relatives indicated the home was managed well and they knew the management team. They told us, "The new manager has made some changes but that's good. She's always around and pops in to see me when I visit. She's very nice and very approachable, well all the staff are. I have no complaints at all" and "The manager comes around most days to see us, she's very good". Through our conversation with the manager and deputy manager it was clear they had a comprehensive understanding of people's needs that lived at the home.

There was a manager in post at the time of our inspection and we saw that they were in the process of registering with us. The manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. Staff spoke of the open and inclusive culture within the service that was encouraged by the manager and the provider. They told us, "[Registered manager's name] is very supportive, you can get support from her, she's brilliant" and "You can go to the manager with anything you are concerned about or suggestions, she always listens and makes time for staff". A visiting health professional told us they felt the service was led by a strong management team who were good role models for the staff.

Staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. They told us they felt supported and listened to by the management team. The provider told us in their Provider Information Return that they sent to us that staff were supported in their development and encouraged to attend training in order to further develop their skills and knowledge. One staff member explained they enjoyed working at the home and they had recently commenced on some additional accredited training with the providers support. Another staff member commented, "It's a good place to work and you are supported to do your job".

Staff meetings were held for staff to share information and discuss the service. We saw minutes from these meetings that confirmed they were taking place and that a range of topics were being discussed such as staffing, environmental issues and general service updates.

People and their relatives were actively encouraged to provide their thoughts and opinions about the service. Relative's told us, "Every year we get questionnaires asking us what we think, what we like" and "We have had meetings but if I wasn't happy with something though I'd say so.
We have a questionnaire to fill in each year, a quality one. But you can talk to all the staff anytime. There's never any problem about talking to them about anything". The provider sent out annual surveys and we saw that the comments were overwhelmingly positive. Testimonies given by people or their relatives included, "I have nothing but praise for all the staff", I hold Woodview House and the staff in high esteem" and "The home is run very professionally and efficiently". The manager told us they planned to analyse and share the findings with people and relatives. Meetings also took place for people and their relatives to participate in and we saw these were an opportunity for any concerns, issues or suggestions to be openly raised. This meant that the provider was keen to actively involve people to express their views about the service provided.

The provider had robust systems and processes in place to monitor and improve the quality and safety of the service provided to people. The manager was supported by a regional team who offered them support in areas such as quality and compliance, maintenance, training and clinical governance. Regular checks and audits were undertaken to monitor the safety and effectiveness of all aspects of the service by the management team. Where issues, omissions or concerns were identified as a result of these checks, records we reviewed confirmed that the necessary action was taken as required. Aspects requiring improvement that had been identified at our last inspection had been taken on board and we found the necessary improvements had taken place. This meant the provider had acted appropriately to address areas requiring improvement in relation to issues raised with them.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which staff were aware of and knew how to access.

The provider completed and returned a Provider Information Return we requested within the timescales given. The provider had displayed their rating at the home and on their website that was given to them by the CQC [Care Quality Commission] as is required by law.