

Interhaze Limited

The Spinney Care Home

Inspection report

Brownhill Green Road
Coundon
Coventry
West Midlands
CV6 2EG

Tel: 02476337531
Website: www.interhaze.co.uk

Date of inspection visit:
07 December 2017

Date of publication:
18 January 2018

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 December 2017 and was unannounced.

The Spinney is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Spinney Care Home provides accommodation for up to 26 older adults who require personal care for physical health needs or dementia. 26 people were living at the home at the time of our inspection.

The home had a 'registered manager'. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in October 2016, we rated the home as Requires Improvement. At this inspection, we found improvements had been made as required, and the rating has changed to Good.

People were comfortable with the care staff who supported them and felt safe. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and responsive towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any potential issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. Staffing was tailored to support people to maintain hobbies, interests and activities they enjoyed. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to start work until these checks had been completed.

The provider assessed people's capacity to make their own decisions if it was identified people might lack the capacity to do this. Staff and the registered manager had a good understanding of the Mental Capacity Act and the need to seek consent from people before delivering care and support wherever possible. Where restrictions on people's liberty were in place, legal processes had been followed to ensure the restrictions were in people's 'best interests'. Applications for legal authorisation to restrict people's liberty had been sent to the relevant authorities in a timely way.

People told us staff were respectful and treated them with dignity. We observed interactions between

people which confirmed this. Records also showed people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. People were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw the care and support people received was in line with what had been recommended by health professionals. People's care records were written in a way which helped staff to deliver care that was based on each person's needs. People were involved in how their care and support was delivered, as were their relatives if people needed support from a representative to plan their care.

People were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager was approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions from quality assurance checks were clearly documented and acted upon by the registered manager as they undertook regular unannounced visits to the home.

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's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Where people lacked capacity to make day to day decisions, this was assessed and documented so people received the right support with decision-making. Staff understood the need to obtain consent from people in relation to how their needs should be met. DoLS applications had been made as required.

People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. The provider focussed on people's well-being, and supported staff to have a caring approach. Staff were patient and attentive to people's individual needs and showed respect for people's privacy. People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly

reviewed. Staff responded to people quickly and effectively on a day to day basis, and as people's needs changed. People were supported to maintain hobbies, activities and interests. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good ●

The service was well led.

People and staff felt able to approach the registered manager and were listened to when they did so. Staff felt well supported in their roles and there was a culture of openness. There were systems in place for the provider to assure themselves of the quality of service being provided, and the provider sought out, and acted upon, feedback from people, relatives and staff to seek to improve.

The Spinney Care 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.

The inspection took place on 7 December 2017 and was unannounced. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR reflected what we found on our inspection.

During our inspection visit, we spent time observing interactions between people and staff. We spoke with four people who lived in the home. We also spoke with the registered manager and four care staff. We did not use a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. This was because we were able to speak with people who shared their experiences of living at The Spinney.

We reviewed four people's care records, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

At our inspection in October 2016, we found medicines were not managed safely or effectively, and there were shortfalls in the administration, recording and management of medicines. The rating for 'safe' was Requires Improvement.

At this inspection we found improvements had been made to medicines management as required. The rating is now Good.

The provider had ensured lessons were learnt since our previous inspection identified risks in how medicines were managed. The home had moved to an electronic medicines recording system in early November 2017. The system electronically recorded medicines administration, and included information about people's medicines and how they should be given. These records showed people received their medicines as prescribed, as staff accurately recorded what had been given and when. Staff had received in-depth training on how to use the system, and were committed to learning lessons and making the improvements required.

Guidelines were in place where people were prescribed medicines on an 'as required' basis. This ensured people received medicines consistently and when they needed them. For example, one person's 'as required' medicines guidance said, "[Person's name] would not be able to tell us when he is in pain. However, signs that [name] is in pain are poor mobility, flinching and also being subdued."

Where people were prescribed patches, for pain relief for example, staff completed records of where on the person's body the patch had been applied. This reduced the risk of skin irritation as new patches were not applied to the same area as the previous patch.

Staff who administered medicines received training in how to do this safely and effectively, and had their competence to do so regularly assessed.

People told us they felt safe living at The Spinney. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. They understood how to look for signs that might be cause for concern, and were aware of their responsibilities to report any concerns to the management team. Staff knew people well, which meant they could watch for signs that people might be unhappy or anxious. One staff member said, "You have to be vigilant. People might appear withdrawn, might have bruising, unexplained weight loss for example. If I was concerned I would go straight to [registered manager] and higher if I was not happy with the response." People's care records included information about how well they were able to protect themselves from abuse, and whether they had capacity to understand that they might experience abuse and what this would look like. This gave staff further information with which to protect people. One staff member commented, "I like to go home and know people are safe. To me they are like family."

The registered manager had identified some potential risks relating to people living in the home, and plans

had been devised to protect people from harm. The risk assessments we looked at were up to date and had been reviewed monthly, or when people's health changed. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing.

For example, where people were assessed as being at risk of developing pressure wounds or damage to their skin, risk assessments and risk management plans were in place. This ensured the risks of any damage to people's skin was minimised. Records intended to record and monitor actions taken to reduce risk, such as re-positioning people regularly and checking their skin for early signs of possible skin damage, were completed fully and regularly, in line with people's risk assessments.

Other risks, such as those linked to the premises, or activities that took place at the home were assessed and actions agreed to minimise those risks were in place. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. The provider ensured equipment was safe for people to use. For example, we checked records of maintenance of hoisting equipment, and found this was up to date.

There was a plan for emergencies so the provider could continue to support people in the event of a fire or other emergency situation. Staff knew what the arrangements were in the event of a fire and were able to tell us about the emergency procedures they would follow. People had Personal Emergency Evacuation Plans (PEEP's) so staff were clear what individual support people would require in the event of a fire or other emergency.

People and staff told us there were enough staff to meet their needs. We saw there were adequate numbers of staff available at all times to care for people safely, and meet people's care needs promptly. Staff confirmed there were enough staff on each shift, including at night, to care for people safely. One staff member said, "We have enough time to chat and for company."

The provider's recruitment process ensured risks to people's safety were minimised, as they took measures to try and ensure new staff were of 'good character.' Staff told us they had a DBS check which the home completed and they had to wait for their references to be returned before they were offered employment. The Disclosure and Barring Service (DBS) is a national agency that keeps records of criminal convictions.

The provider ensured people were protected from infection. At the time of our inspection visit, the home was clean and tidy. Staff used PPE [Personal Protective Equipment], for example when handling foods or supporting people with medicines, and ensured they used fresh PPE for each task undertaken. There was a cleaning schedule in place to ensure the home remained clean and tidy, and the registered manager completed a regular infection control audit so they could identify any concerns and take appropriate action as a result.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Records showed assessments were completed prior to people coming to live at The Spinney to ensure the provider understood and was able to meet people's needs. These assessments were reviewed in line with people's care plans to ensure people's assessed needs were accurate and up to date.

The provider had taken steps to ensure the design and adaptation of the premises met people's assessed needs. For example, the provider had supported people to put pictures, photographs and memorabilia on the walls outside their rooms to help remind them of their lives, and to help staff to build up a rapport with people based on their previous interests. There were also names and photographs on the doors to people's rooms to help people find their own room.

The provider had a program of refurbishment and redecoration in place in the home. A number of communal areas were freshly painted in bright colours, and the registered manager explained all rooms were due to be redecorated as part of this program.

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).

Assessments were completed when people did not have capacity to make decisions for themselves. These assessments related to a range of decisions that needed to be made, and detailed whether or not the person had capacity to make particular decisions at the time those decisions needed to be made.

Where people could not make decisions for themselves, records confirmed important decisions had been made in their 'best interests' in consultation with people who were important to them and health professionals. The registered manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Where people required a DoLS application to be made, the registered manager had made the appropriate applications to the local authority in accordance with the legislation.

Where there was a delay in DoLS assessments being undertaken by the local authority, records showed the provider had contacted them to ensure the authorities were aware of people's current needs and situation. This helped to ensure information was shared which would help the local authority prioritise their assessments for those most in need. It also meant the provider could ensure they took advice to support

people in the least restrictive way possible whilst they waited for assessments to take place.

Staff had a working knowledge of MCA and DoLS, and understood the importance of gaining people's consent and escalating concerns if they felt restrictions might be necessary to protect people in their 'best interests'. For example, one staff member commented, "We have some people here who are at risk of self-neglect. You have to reassure people, we don't do something people do not want, we never force. We use our sense of humour with people, make people laugh and make them feel comfortable." They added, "You might have to just help someone have a thorough wash when what they really need is a bath or shower, then we would raise it with the manager."

Staff knew people well and could describe people's individual dietary needs. For example, some people were on a soft food diet or required a reduced sugar diet. Information on people's dietary needs was up to date in their care records, and included people's likes and dislikes. Where people had specific dietary requirements, staff ensured what was recommended in their care records was put into practice at mealtimes. Records also showed that where people experienced weight loss, referrals were made quickly to health professionals to ensure people were protected.

People chose where they wanted to sit at mealtimes, and there was a relaxed, sociable atmosphere, with people chatting together while they ate. Tables had been set and people had condiments they could add to their food, and a choice of hot and cold drinks to accompany their meal. People were offered a verbal choice of main meal and pudding, and, where people struggled to choose; staff offered them a visual choice of plated up meals to help them decide what they wanted to eat. More food was offered to people to ensure they had enough to eat and, where people changed their mind about what they wanted to eat, staff offered alternatives. Those who required support to eat and drink were supported by staff.

People and staff told us the provider worked in partnership with other health and social care professionals to support people. One person explained how they had been feeling unwell recently and had been supported to see their GP. They also told us they were supported to access chiropodists and opticians. Care records showed people were visited, or attended visits, with healthcare professionals regularly, and as people's needs changed.

The provider ensured staff had the training they needed to support them in providing effective care for people. New staff completed an induction to ensure they understood their role and responsibilities. The induction included training in all areas the provider considered essential and a period of working alongside more experienced staff. The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to support people effectively.

Staff told us the registered manager encouraged them to keep their training and skills up to date. One staff member told us they were looking at undertaking a 'level 3' health and social care diploma with support from the provider. Another staff member explained they could request training if they felt it was needed and this was responded to. For example, the staff member told us they had identified a need for training in catheter care and this had been sourced quickly in response. The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. They also completed regular audits of training to ensure staff had the knowledge and skills they required to support people safely and effectively.

Staff told us they were supported in their role through regular supervision meetings, [individual meetings between care staff and a member of the management team] and observed practice. Regular supervision meetings provided an opportunity for staff to discuss personal development and training requirements. They also enabled the registered manager to monitor the performance of staff, and discuss any areas for improvement.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. Staff felt the provider helped them to support people in a caring way. The rating continues to be Good.

People told us staff treated them with kindness, dignity and respect. One person commented, "Staff are very good really. I would soon tell them off if they weren't kind. They would do anything for you." We also observed a number of interactions between people and staff that demonstrated this. For example, one person was new to the home and their surroundings. We saw staff understood this might be difficult for the person, so staff supported them to the dining area at lunch time and introduced them by name to another person sat at the table. People began to chat together and the person was relaxed and comfortable. Staff also tried to ensure people were comfortable while they ate. For example, one person was sitting facing a window and the sun was in their eyes. A staff member asked the person if they would like to move, but the person wanted to stay where they were and said they were fine with the sun. The staff member asked the person if a pair of sunglasses might help, and told the person they would fetch some.

The registered manager and provider were committed to ensuring people's well-being was promoted. Care plans included 'well-being assessments' which staff went through with people when their care plans were reviewed. People's well-being was 'scored' at these reviews, and the registered manager then audited the responses on a monthly basis to look for trends across the home, as well as to take action where people's individual well-being 'score' had dropped.

People told us family and friends were welcome visitors to the home. This helped people maintain relationships that were important to them and further enhanced their well-being.

People told us they made choices about how they wanted their care and support to be delivered. One person commented, "You can do as you like, just like at home." Another person told us, "I do what I like and I say what I like." Staff understood the importance of empowering people to make their own choices. One staff member commented, "It is people's choice about when they want to go to bed for example, it is all about people's choice."

Staff spoke with us about what being 'caring' meant for them. One staff member explained, "It is about dignity and respect. Making sure confidentiality is respected." They added they felt the provider supported them to deliver care that was dignified and respectful. They said, "I could not work for people who did not care. They do care here."

Staff understood the importance of promoting equality and human rights as part of a caring approach. One staff member told us that, if someone had specific cultural or religious requirements for example, the managers and staff would meet these. They told us, "We would be friendly and welcoming of anyone, regardless of race or religion." They added they felt well supported in taking this approach and felt it was part of the provider's caring ethos. They said, "You aren't watching the clock to go home here, we just want

people to be happy, and we are well supported in that."

Staff promoted people's independence and only offered support when people needed it. For example, people were encouraged to eat their meals without the assistance of staff. However, where people required assistance, staff stepped in and asked them if they would like support.

People told us their dignity and privacy was respected by staff. We saw staff knocked on people's doors before entering, and announced themselves when they entered people's rooms. We also saw staff ensured they supported people in their rooms rather than in communal areas of the home. To help ensure people's privacy and dignity was maintained, people's care plans were kept securely and were only available to those who needed to access them.

Is the service responsive?

Our findings

At our inspection in October 2016, we found people were not always supported to pursue their hobbies and interests. We also found care and support was not always provided in a way people preferred, and that people and their relatives were not consistently involved in the planning and review of care provided. The rating for 'responsive' was Requires Improvement.

At this inspection we found improvements had been made to care planning and review, as well as engaging people with activities and supporting them to maintain hobbies and interests that were meaningful to them. The rating is now Good.

People told us they were supported to maintain activities, interests or hobbies, and were encouraged to try new experiences and were offered a range of activities the registered manager hoped would stimulate them. One person told us, for example, they enjoyed knitting and how the registered manager supported them their hobby. We observed some activities which took place in a communal lounge area of the home. People who chose to take part were animated and engaged in what was happening. Some were clapping, singing, dancing arm in arm with staff members, whilst some danced while seated. People's participation in a range of group and one to one activities was recorded in an 'activities planner' to ensure everyone was involved as much as they wanted to be.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. This information helped staff build relationships with people over shared interests and an understanding of what people responded to. For example, care plans included an 'About Me' section, which detailed, for example, 'my favourite films' and, 'my favourite magazines and books'. Care plans were detailed and described the outcomes people wanted to achieve, and the steps people wanted to take to achieve them. There was also information about how staff should support them to take each step to achieve their identified outcomes.

Staff told us they had helped put together and review people's care plans so they were knowledgeable about how best to meet people's needs. Staff told us care plans were regularly reviewed, and people and their relatives confirmed they were involved with this. One staff member said, "We sit and chat with people and talk about their care plan, any changes. We have photos of 'keyworkers' in people's rooms. That helps people, as if they need something they will ask to speak to me." A keyworker is a staff member who has designated responsibility for particular people's care plans and ensuring their needs are met.

However, reviews were not always documented in people's care plans. We raised this with the registered manager who agreed this would be recorded more clearly in people's care plans so it was evident who had been involved in care plan reviews and how their comments had impacted on the care people received.

We observed staff spending time with people throughout the day. Staff were with people, for example, playing board games, varnishing people's nails, chatting. Staff used these opportunities to engage and converse with people, and people responded positively to these interactions. Music played in the background as people chatted with staff and each other, laughing and singing together and enjoying the

atmosphere.

People told us staff were very responsive to their needs. One person explained, "I ring the [call] bell and they [staff] come straight away." We saw staff responding positively to people's needs throughout the day. For example, one person was being supported to stand by two staff members. The person seemed to be struggling to stand with the equipment that was being used, so one staff member said, "Do you think you would find it easier with a frame?" The person told staff they would find this easier, so the other staff member fetched a frame immediately and the person was able to stand. The person was happy with this and thanked staff for helping them as they preferred.

Systems were in place, and were used effectively, to ensure staff shared information about people's care and support and responded to their needs as required. For example, where one staff shift finished and another started, staff met to hand over information on how people had been during their shift, what action might need to be taken on the upcoming shift, and what tasks each staff member was to be responsible for. We observed a 'hand over' meeting, and saw a senior staff member led the discussion. One person was not well and they designated one staff member to monitor the person's health so they could immediately respond to any changes in the person's wellbeing. There was clear direction given on what was required and what action should be taken.

Care plans documented people's wishes should they be living in the home at a point where they needed end of life care, so it was clear what people wanted at this time. ReSPECT [summary of discussions with people about how they want to be treated in an emergency] forms had also been completed where appropriate to ensure people's wishes were clear.

People told us they had not made any complaints but were confident to do so. One person said, "I have never had to complain but I would soon complain [to the registered manager] if I wanted to." The provider had a system to monitor complaints and to identify any trends and patterns, so that action could be taken to improve the service provided. There was information about how to make a complaint or provide feedback about the service available in the reception area of the home. This included details of who people could complain to in the home, and who they could contact outside of the home if they were not happy about the response they received.

The registered manager was familiar with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. They acknowledged this was not something they had yet considered in detail at The Spinney, since their focus had been on making improvements required following our previous inspection. However, they assured us they would attend to this over the coming months.

Is the service well-led?

Our findings

At our inspection in October 2016, we found checks and audits designed to check on and improve the quality of the service were not effective. The rating for 'well led' was Requires Improvement.

At this inspection we found improvements had been made to the way the home was checked and audited to ensure the quality of care provided. The rating is now Good.

A range of audits were completed such as infection control, health and safety, care plans and medicines audits to help the service improve. These had proved effective. For example, care plans were audited regularly to ensure they were up to date and accurate. This had helped improve the care people received and ensured it was now responsive to their needs. Well-being audits were now completed on a monthly basis. These helped to ensure people's happiness was at the core of how the home was run, which was reflected in the approach of staff and of people's lived experiences.

Staff told us how the registered manager had taken action following the previous inspection. Staff explained the findings from that inspection, as well as the rating of 'requires improvement', had been shared with staff and that the registered manager targeted certain areas and shared action plans with staff through staff meetings and supervisions.

Staff told us they were able to share their views during these meetings which was reflected in the meeting minutes. Minutes of recent staff meetings demonstrated discussions focussed on how the service could be improved for people, and action had been taken when issues were raised by staff. For example, records of a staff meeting in May 2017, showed staff had discussed how having to complete laundry tasks was impacting on their ability to spend time with people, and that laundry was not as well managed as it could be. Records showed the registered manager had listened and taken action. They had committed to recruit a laundry assistant, and, at the time of our inspection, we saw this post had been filled.

People were positive about the home, and told us they felt this was down to how well it was managed. They also felt comfortable to raise anything with the registered manager, and were confident they would be listened to. One person said, "[Registered manager] comes every so often and asks questions which is good. This makes me feel safe." They added, "If I did not find it nice here, I would tell you. I think it is lovely."

The provider had systems to get feedback on the quality of the service to help it improve. For example, surveys and questionnaires had recently been completed by people, relatives and staff. The feedback provided was positive, and the registered manager had collated and analysed the information and had arranged a staff meeting to go through the results to discuss whether any action needed to be taken, and to share the positive findings with staff. The registered manager also met with people on a regular basis, and records showed the next meeting was scheduled for 21 December 2017.

Staff were positive about the support they received from the registered manager, and assured us they were approachable and responsive. Staff also felt there was an open and honest culture within the home which

the registered manager had helped to create. One staff member said, "[Registered manager] has definitely made things a lot better over the past 12 months. We've got a good team and it works well...[Registered manager] is approachable. We all want the best for the people here and [registered manager] does too." Another staff member told us, "[Registered manager] is a lovely manager. They try their best to make sure everyone [people, relatives and staff] are happy. This makes you feel you want to approach them. They are always there for you and never too busy."

Staff told us they felt appreciated by the registered manager, and that this made them feel committed and encouraged good staff morale. For example, staff said the registered manager brought in food treats for them regularly. Staff also told us about an 'employee of the month' scheme run by the registered manager. Whoever was identified as employee of the month received a bouquet of flowers. The staff member said, "This is really important and you feel noticed and appreciated."

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises.