Blagreaves Care Home Limited

Windsor Park Nursing Home

Inspection report

112 Blagreaves Lane
Littleover
Derby
Derbyshire
DE23 1FP

Tel: 01332761225

Date of inspection visit:
31 October 2018
01 November 2018

Date of publication:
27 December 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

Windsor Park Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. On the day of the inspection the registered manager informed us that 19 people were living at the home.

This comprehensive inspection took place on 31 October and 1 November 2018. This was the fourth inspection of the service. At the last inspection on 30 August 2017 the service was rated as 'Requires Improvement' and was found to be in breach of regulation 12, safe care and treatment, regulation 17, good governance and regulation 20, duty of candour. We asked the provider to complete an action plan to show what they would do to ensure people's safety and welfare and compliance with the regulations. We received an action plan which described how improvements would be made which we reviewed at this inspection. We found at this inspection, the service had improved their systems so that the breaches of regulations were met.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated regulations about how the service is run.

People using the service and the relatives we spoke with said they thought the home was safe.

People's risk assessments provided staff with information on how to support people safely. Lessons to prevent incidents occurring had been learnt from past events. Staffing levels were sufficient to ensure people's safety.

Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area. Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

Relatives told us that medicines were safely given to their family members. We found this to be the case.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives and they were aware of their responsibilities under this law.

People had plenty to eat and drink. Their health care needs had been protected by referrals to health care professionals when necessary.

People and relatives thought that staff were friendly, caring and compassionate. We saw many examples of staff working with people in a friendly and caring way. People's representatives had been involved in making decisions about people's care, treatment and support.

Care plans were individual to the people and covered their health and social care needs. Activities were organised to provide stimulation for people.

Relatives' told us they were confident that if they had any concerns these would be followed up.

People, relatives and staff were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs and provide a quality service.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver care.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The provider had a legal requirement to inform the public of the home's inspection rating, which was displayed in 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 and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse to their management. Risk assessments to promote people's safety were in place.

Staffing levels were sufficient to keep people safe. Staff recruitment checks were in place to protect people from unsuitable staff. Medicine had been safely supplied to people. People had been protected from infection risks. Lessons had been learned from past safety incidents.

Is the service effective?

Good

The service was effective.

People told us that they received effective staff support to meet their needs. Staff were trained and supported to enable them to meet people's needs. People had sufficient quantities of food to eat and drink and said the food was good.

There was positive working with and referral to health services. People's consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were kind, friendly and caring and respected people's rights. Staff respected people's independence and dignity.

People and their relatives had been involved in setting up care plans. People's cultural issues were assessed and provided.

Is the service responsive?

Good

The service was responsive.

Care had been provided to respond to people's needs. Care plans contained information for staff on how to respond to people's needs. People told us that management listened to and acted on their concerns.

Activities based on people's preferences and choices were available. The complaints procedure in information supplied to people did not include appropriate agencies who could follow up people's complaints.

Is the service well-led?

Good

The home was well led.

People and their relatives told us that management listened to them and put things right when this was needed. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Systems had been audited to provide a quality service.

Windsor Park 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 site visit took place on 31 October 2018 and was unannounced. We returned on 1 November 2018 to complete the inspection. The inspection team consisted of an inspector, a specialist adviser and an expert by experience. The specialist adviser was a qualified nurse who had expertise of nursing care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

Some of the people living at the service were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool(SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection visit we spoke with five people who used the service and six relatives. We spoke with the registered manager, the provider, the deputy manager, a clinical assistant and three care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at five people's care records.

Good

Is the service safe?

Our findings

Systems were in place to keep people safe.

On the previous inspection, there was a breach of regulation 12, safe care and treatment. This was because people were not protected from the risk of unsafe care or treatment and transfer of infections. The provider sent us an action plan outlining action to improve safety. On this inspection, we found the breach had been rectified. Cleaning schedules were in place, the premises and equipment were found to be clean, and medicine systems were in place to provide medicines to people.

People and relatives thought they were safe living in the home. A relative said, "She's [family member] safe here, we've no issues." Another relative said, "She's [family member] safely looked after here. Mum can move about and when she first came here she didn't sleep and wandered around at night. They walk with her. They're trying to sort out her medication to see if that will help." Another relative told us, "Yes, she's [family member] safe here."

Risk assessments were in place to provide information to staff to protect people's safety. For a person to prevent them from falling, this included having a sensor mat in place to alert staff to provide support to prevent falls. We saw that the sensor mat was in place.

For a person that had behaviour that challenged the service, there was a risk assessment in place to manage these situations. Staff could tell us how they reassured the person and distracted them to manage and de-escalate this behaviour.

A risk assessment was in place for a person who was at risk of developing pressure sores. This included relevant issues such as the application of creams. Staff were aware of the need to regularly apply creams and records confirmed this. Frequent checks had been made to reposition people to prevent skin damage, though the frequency of how often this needed to be carried out was not stated. The registered manager said this would be followed up. Specialist mattresses were in place and were checked to ensure they were at the proper pressure to protect people's skin.

A person had a catheter and the care plan included signs of infection for staff to be aware of. When the attached bag was empty this was recorded though the actual amount was not always recorded which is important to indicate whether there was an early sign of infection or blockage in the catheter. The registered manager said this would be followed up. The person was regularly reviewed by a urology specialist.

The last visit from the fire service indicated that fire precautions in the service were satisfactory. Fire records showed that a fire risk assessment was in place. Fire tests were regularly carried out and fire drills were held to ensure staff were aware of safe procedures for evacuation. People had their own evacuation plan in the event of a fire, to ensure that the correct method of support was in place for such an incident. There was colour coding on bedroom doors to indicate how many staff were needed for a person in the event of evacuation. All accidents and incidents were monitored and action taken to address any concerns.

There were enough staff to keep people safe. Call bells were answered within a short space of time. Relatives said that they thought there was enough staff to meet people's needs. A relative said, "I think there's enough staff." Staff said that they felt there were enough staff on duty to ensure people's safety. The registered manager told us that sufficient staffing levels were in place to keep people safe. Staff were always present in the main lounge where people sat, to quickly react to any situations that threatened people's safety.

Staff understood the help that was needed to maintain safety and wellbeing. They acted when people were at risk such as reminding a person to walk with their trolley so that they did not fall. We saw that when a person got up without using their walking frame, staff quickly came over and reminded them to use this. Staff told us that they checked that the premises had no slip and trip risks, they checked equipment before it was used, such as whether the hoist was safe to use, the right size hoist sling was used for people and that hoist batteries were working. We saw staff assisting a person to transfer. The person was reassured by staff during the procedure.

We saw evidence that equipment and appliances had been serviced such as the hoist, the lift and electrical appliances. Radiator guards were in place to protect people from burning themselves on hot radiators.

Staff records showed that before new members of staff could start, there was evidence in place that management took up references and carried out checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people had been protected from unsuitable staff.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home and to a relevant external agency if needed.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals were made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own.

The whistleblowing policy contained information about reporting any concerns to management though did not contain details about reporting to relevant agencies such as the local authority, CQC and the police. This procedure was not included in the staff handbook. The registered manager said this information would be included. Evidence was sent to us after the inspection this had been carried out.

The specialist adviser commented that medicine systems had improved from the previous inspection. Relatives were happy with the way medicines were provided and said medicines were always available. A relative said, "I think she [family member] gets her medication on time and it hasn't run out." Medicine had been given as prescribed.

The temperature of the room where medicines were kept was monitored daily and temperatures were within safe ranges. Medicines were securely kept. Liquid medicines were dated when opened, which is good practice as many liquids have a short shelf life.

Where people were having medicine on an as needed basis, the protocols were in place. For example, for people prescribed medicines for agitation. The medicine charts showed these were only to be administered when needed; the GP reviewed them regularly and stopped them when they were no longer required. The protocol for medicines supplied as needed did not include whether the advice of a pharmacist had been

sought, to see what method was used to administer the medicines to ensure it was safely supplied. The registered manager said this would be followed up and confirmed this had been carried out, after the inspection visit.

People prescribed pain relief had a support plan with information about behaviours for staff to look out for when people who were not able to communicate may be experiencing pain or discomfort.

Information was available on medications which included their use, side effects and contra-indications though this did not include the latest advice. The provider said this had been ordered but had not yet arrived. Useful information was available with the medicines chart such as allergy information and details about how a person liked to be supported to take their medication.

Staff were observed to use gloves and aprons to prevent infection spreading when providing personal care. Relatives told us that the home was always kept clean. Staff had received infection control training. This showed that safe infection control prevention procedures were in place to safely protect people from infection.

The deputy manager had attended infection control training and the home has an infection control policy that staff could refer too. She told us that she was in the process of setting up a system to ensure that mattresses are checked daily to ensure that the equipment was working, on the right setting and not damaged, to avoid contamination and spread of infections.

The premises and equipment were found to be clean. A relative said; "The home is kept clean; the bedroom is immaculate. The building is well maintained." The laundry room had been renovated. New flooring had been installed to parts of the home and this program was continuing. The new flooring meant that any spillages could be easily cleaned. Cleaning and maintenance schedules were in place. This protected people from the risk of infections.

The registered manager said that when things had gone wrong in the past, lessons had been learned. Any issues were discussed in staff handovers between staff shifts, and staff meetings. There was evidence in staff meetings that this had occurred.

Good

Is the service effective?

Our findings

Relatives said their family members' needs were met by staff who had been properly trained. One relative said, "The staff know what they're doing. The training has improved over the years. They do training quite often and I can see the improvements in the way they approach the residents and the way they feed them. They don't rush." Staff effectively dealt with people when they were upset by reassuring and chatting with them.

People's care plans included an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We have had lots of training. It covered all the things I needed to know. It helped me understand how to move people safely and was good because it was practical." A staff member had returned to the home after a break and said refresher training had been provided to ensure they knew how to provide effective care. Another staff member said that when they started working, a thorough induction package of training had been provided.

Staff training information showed that staff had training in relevant issues such as how to safeguard people, health and safety, dealing with behaviour that challenged the service, and end-of-life care. Some training had not been undertaken by some staff such as nutrition and mental health awareness. The registered manager said this was being followed up with staff. Training on health conditions such as dementia had been provided. The registered manager said that training on other issues affecting people living in the service, such as diabetes and sensory impairment would be provided to staff.

We found that new staff had undertaken induction training. This had included the Care Certificate induction training. The Care Certificate training covers essential personal care issues and is nationally recognised as providing comprehensive training.

Staff said they had good support from management. This included supervision sessions to discuss their work and any issues they had. One staff member said, "Supervision is good. We can discuss anything about the home and it gives me good feedback and ideas." Another staff member said, "I get reassurance so that I feel more confident about doing my job. "

People and relatives thought the food was good. A relative said, "[Family member] gets their meals on time." Another relative told us, "Food? No complaints, it goes down well. The food is good and there's plenty of it, there's snacks and fruit."

At lunchtime the food looked nutritious and smelled good. The cook was aware of people's differing dietary requirements, such as the need to have soft food to prevent swallowing difficulties. The cook was aware of people's cultural needs. They knew that a person did not want to eat beef, to respect their cultural background. Information about people's likes and dislikes was available in the kitchen.

No drinks were served with the food, the cook had plated up food but it wasn't served until 25 minutes or later which meant food was not hot. This was commented by one person. Independence was not promoted with gravy was already poured over the food. When one person didn't want to eat her meal a staff member told another staff member to get them some sandwiches but did not ask the person what sandwich filling they wanted. The registered manager said these issues would be followed up, and provided evidence after the inspection visit that this had happened..

People and relatives told us that their healthcare was met. A relative said, "They [staff] are quick to call the doctor they keep me informed." Another relative said when their family member needed a GP or optician, this was always arranged for them. They told us they had no concerns about their health needs being met. Staff ensured that people with specialist needs received their specialist support and check-ups with health professionals. For example, a community nurse visited to manage a person's catheter.

Care plans contained detail about a variety of relevant health appointments that people had attended. Professional visits included a nurse visiting to monitor a person's skin condition and dressings and GP visits to check on people. Records also showed that staff had effectively dealt with any accidents that people had, such as contacting the GP if needed as assessed by the nurse in the home.

The premises were accessible to people. There were displays of scenes from the past and photographs on the main lounge dining room wall. This provided interest and stimulation for people, particularly people living with dementia. Relatives thought the home was well maintained and kept clean. Some flooring had been replaced around the home. The provider supplied evidence that the flooring was to be replaced.

The provider said that the home was going to replace all the carpets with wooden flooring and that this refurbishment had already started. New flooring had been installed in some of the bedrooms.

The provider acknowledged that the staff room which was also used as a hairdressing room needed reorganising. It contained staff coats, a big fridge and other items being stored there. The lino was torn. After the inspection visit, the registered manager stated that this area would be refurbished and reorganised so that staff would have their own staff room.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Protocols were in place where decisions were taken in people's best interests which showed involvement of the GP and next of kin.

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 had the appropriate legal authority and were being met. We found the service had met their legal obligations.

One person said, "Staff always ask me for what I want. Last night they asked me if I was ready for bed. I said I was watching a programme so they came back later." Staff told us that people were encouraged to independently do things for themselves such as washing themselves, even if they lacked capacity. This showed that the effective care was being provided to people in their best interests, even if they had

limitations on their ability to decide all their lifestyle.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with them and asked for their consent before supplying personal care. We observed staff asked people for their consent and explained what they were going to do when they helped to move a person. Another person was asked if staff could take off their apron after having a meal. This showed that staff obtained people's consent before providing personal care.

Good

Is the service caring?

Our findings

Everyone praised the staff and said they treated people with respect and were compassionate and kind. A person told us that staff were nice to them and they could have a laugh with staff. Relatives were also happy with the care being provided. and said they could visit whenever they liked. A relative said, "They protect her [family member] dignity." Another relative told us, "They're kind, they seem to be caring. They respect [family member] privacy."

There were many instances of staff showing a caring attitude towards people. When people showed signs of anxiety, staff were quick to reassure them. Staff and management greeted and chatted to people. People were asked what drinks or snacks they wanted. A staff member assisted provided support to a person and asked whether they wanted help or to do it themselves. Staff had a joke with people and praised people, for example such as a staff member complimenting a person on being able to drink on their own.

Staff took the opportunity to speak with people when they were assisting, and at other times when they had time. One staff member said that people appreciated being spoken with and thought more staff time was needed for this. The registered manager said that the use of volunteers would be considered to assist with this.

People and relatives were involved in planning care and reviews of that care. A relative said, "The family are all involved with her care plan, we're kept informed generally." Another relative told us, "Yes, I've been involved in her care planning, we have meetings every 3 months.. I think things have been implemented after the meetings."

There was evidence in the care records to indicate that family members were involved in discussions about the care plan or reviews.

Staff were observed and heard to be discreet when people needed assistance. They provided reassurance to people when assisting them. They offered to help people and checked on their well-being. One staff member said; "Can I help you with that?" Another staff member asked a person "Are you comfortable?"

All the people and relatives had no concerns about staff respecting dignity and privacy. Staff closed bedroom doors and knocked on the door and identified themselves when entering people's rooms. A relative said; "I think they respect her privacy."

Staff demonstrated that they knew the people who they were caring for, for example by being aware of people's food choices. They were aware of the need to protect people's confidentiality by not speaking about them in front of other people. Relatives told us that they could visit at any time and there were no restrictions. We saw relatives being warmly greeted by staff and there were friendly, jokey conversations between them.

The service user's guide emphasised that people were entitled to exercise their personal rights and that

people's lifestyles would be respected, such as respect for race and culture though this did not include respect for people's sexual identity. The deputy manager said this would be included to ensure everyone was treated equally and provided this information after the inspection visit. There was detailed information about many religious and cultural practices for people from different cultural communities. The provider said that staff were encouraged to learn phrases of people's first languages to make people feel valued. This showed that the service was sensitive to issues important to people from differing cultural backgrounds.

Staff and relatives told us that people had choices about important things in their lives. For example, what clothes and jewellery people wanted to wear, whether perfume was worn, what people wanted to wear and what food they wanted to eat. Staff asked people what drinks they wanted when the tea trolley came out and whether they wanted sugar or sweeteners in the drinks. These issues showed that staff respected people's choices of lifestyle.

People told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging people to wash themselves where they could manage. Care plans supported this. This showed that people's independence had been promoted rather than staff intervening early and not allowing time for the person try to complete this task.

Good

Is the service responsive?

Our findings

People and relatives thought that staff had responded to needs. A relative said, "Staff know her [family member] likes and dislikes." Another relative said, "Yes, I think staff understand and know her [family member] preferences."

We saw staff being responsive to people. Staff helped people sit in the chairs they wanted to. Staff acted on people's choices for meals and drinks. A staff member noticed a person carried a cup unsteadily and quickly went to the person and asked them if they had finished drinking from it. A person said their drink was cold and a staff member said they would get this replaced and carry this out quickly.

Care plans had included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do, treasured memories and important stories from their lives. This gave staff information about how to support people and to help them to achieve what they wanted. Records showed that personal care had been provided such as supporting people to maintain continence.

When we spoke with staff about people's needs, they were familiar with them as they could provide information about people and their preferred lifestyle. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

Care plans had been reviewed to ensure they still met people's needs. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues to people's lives. This meant that information was available to staff about how to provide personal care and support to people.

Staff told us that the management asked them to read care plans, though not all care plans had been read. They said that information about people's changing needs had been communicated to them through handovers of information between staff shifts and recorded in people's care plans. The registered manager said that a system would be put in place to ensure staff read care plans, to be able to comprehensively provide effective personal care to people. We were provided with this evidence after the inspection visit.

Relative told us that there were activities available if people wanted to join in. A relative said, "It was [family member]her birthday last week and staff did a tea party and put up decorations and we all had birthday cake – it was nice, mum enjoyed it. She enjoyed the summer fair in the garden and the tombola. She likes singing and liked the choir when they came at the weekend."

We saw people playing throwing a large inflated ball which they appeared to enjoy. We observed some one-to-one activities such as people having their nails painted. An activities organiser was employed. The activities on offer were displayed. This included music, pet therapy, baking, exercise and trips out. An activities person was employed during the week to provide activities. The registered manager said that the activities organiser was going to have more specialist training on providing activities for people living with dementia so that activities were tailored towards people's needs.

People were individually taken out with the activities organiser. However, this could mean that other people missed out because her time would be taken up with an outside visit. The registered manager said this would be considered when planning activities. A staff member suggested that people would enjoy going out to the garden even in colder weather. The registered manager said this would be arranged.

The manager was aware of the new accessible information requirement. The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. Records showed that people's sensory needs were promoted with involvement of opticians.

Care plans included a section about people's communication needs. The registered manager said that other methods of communicating such as by pictures of food though not all staff were aware of this. The registered manager said this would be brought to the attention of all staff so that they used this. People with difficulty in hearing had working hearing aids.

People and relatives did not have any complaints about the service. None of the relatives had any concerns. One relative said they had some concerns the previous year and these had been resolved. Relatives were confident that any concerns would be taken seriously and would be acted upon by the registered manager.

Information provided to people and relatives provided reassurance that the service responded to concerns and complaints. This included contacts for the complainant to go to if they did not want the provider to investigate their complaint though the procedure in the service user's handbook did not have information about the local authority or the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint. The registered manager sent the amended procedure after the inspection visit.

No one was receiving end of life care at the time of the inspection visit, though care plans contained information about people's end of life wishes and preferences. This included relevant information such as frequently checking the person's welfare, the provision of pain control and preventing skin damage. Staff had received end-of-life training to ensure they were aware of making people's care as comfortable as possible.

Good

Is the service well-led?

Our findings

On the previous inspection, there were breaches of regulation 17, good governance and regulation 20, duty of candour. This was because the provider had failed to make sure quality assurance systems were in place to protect people from harm and ensure their safety, and there had been a failure by the provider to submit notifications about the care and treatment of people in the home. The provider sent us an action plan outlining action to improve the systems. On this inspection, we found the breaches had been rectified. A quality assurance system was in place and provider had submitted statutory notifications.

People and relatives were positive about the personal care provided by staff. The shift was well run as staff appeared to be clear about their duties and what was expected of them. A relative told us, "The manager is very responsive yes and takes notice." Another relative said, "Yes I'm happy with her care. I'd recommend it. We looked at 20 homes before this one. We thought the staff were friendly," Another relative told us, "Yes, I'd recommend this place. It's friendly, it's smaller than other care homes so the care is more personal. We're comfortable to talk to the owner." A staff member said, "I think the home runs brilliantly. We work as a team and everyone is friendly." This positive picture of management was supported by the large number of positive interactions we saw between staff and management and people living in the home.

The home had a registered manager, which is a condition of registration. Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

Staff said they could approach the registered manager about any concerns or ideas they had to improve people's care. One staff member said, "We can go and get help at any time from management. They will always make time." They felt their opinions were properly listened to and they had received useful advice on how to deal with situations relating to people's needs. Staff meetings were held and included issues such as ensuring a staff presence in the lounge to meet people's needs and ensuring people were provided with food and fluids. This indicated that staff were listened to so they had an input in making sure a quality service was provided to people.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that used the service. The registered manager said that it was essential that people were treated with respect and dignity, ensuring their welfare and giving them choices.

Staff members told us that the registered manager always expected staff to be friendly and approachable and treat people with kindness, dignity and respect. This was supported by literature of the home. Staff said they would recommend the home to relatives and friends.

The registered manager understood the legal obligations. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

Relatives said there had been regular relative meetings with management who had taken on board

suggestions and these had been implemented. Relatives meetings had taken place and they focused on what people wanted. For example, discussing activities, laundry and staffing issues.

Relatives said they took part completing surveys about the care offered by the service. This showed that people had some involvement in the running of the home.

The deputy manager showed us the weekly environmental audit looking at infection control and health and safety issues within the home. She also carried out random observations of staff's hand washing techniques and completed a competency assessment.

There was a system in place to ensure quality was monitored and assessed within the service. For example, audits checked that fire precautions were in place, maintenance was checked and monthly manager visits undertaken to check issues such as staff behaviour towards people, and safety issues. Medicine was supplied as prescribed, staff were competent to administer medication to people, and an audit showed that essential checks had been carried out to promote people's health needs. The deputy manager said that more audits were to be carried out such as for staff training and recruitment and surveys for staff and outside professionals. Having quality assurance systems in place protected the welfare of people living in the service and indicated a well led home.

We saw people's support plans and staff files were stored securely for confidentiality. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

A copy of the last inspection report was displayed in the office of the service, which displayed the rating from the last inspection. The provider agreed to display this in the front entrance to display this more prominently. This evidence was provided after the inspection visit.