Carebase (Redhill) Limited

Acorn Court Care Home

Inspection report

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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

Acorn Court is a home for up to 86 people. The home was split into four units; each unit had a head of unit managing the team of care staff. The units consisted of the ground floor with people who had an acquired brain injury and nursing needs, with a separate unit for people who had personal care needs only. The first and second floors were for people who had nursing and end of life care needs and some people had a diagnosis of dementia. On the day of our inspection, there were 85 people in the home.

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

There were sufficient staff to keep people safe. There were recruitment practices in place to ensure that staff were safe to work with people.
People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as falls and moving and handling. The registered manager ensured that actions had been taken after incidents and accidents occurred to reduce the likely hood of them happening again.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people lacked capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken, however they lacked details. Staff were heard to ask people's consent before they provided care

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. Staff received regular supervision and an annual appraisal.
People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the management knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in people's care plans. Care plans contained information for staff to support people effectively.

There were mixed views about activities. Improvements had been made since the last inspection. There was an activity programme in place, for people who did not like to join in with group activities had 1:1 sessions. The registered manager recognised that further work needed to be done in this area.

The home listened to staff, people and relative's views. There was a complaints procedure in place. Complaints had been responded to in line with the provider's complaints procedure.

The management promoted an open and person centred culture. Staff told us they felt supported by the management. Relatives told us the management was approachable and responsive.

There were procedures in place to monitor and improve the quality of care provided. The management understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent safer recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Mental capacity assessments had been completed to determine if people lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills they needed to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored for any changes.

People attended healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and people were well cared for. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact

with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and detailed. Care needs and plans were assessed and reviewed regularly.

There were mixed views about activities. There was an activity programme in place. The management recognised further improvements needed to be made.

People and their relatives told us they felt listened to. Complaints had been responded to in line with the organisations policy. People were involved in the running of the home.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture. Staff, relatives and people told us that the management were approachable.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

People, staff and relatives said that they felt supported and involved in the running of the home.

Acorn Court 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.

This inspection took place on 27 April 2017 and was unannounced. It was conducted by four inspectors, two experts by experience (Ex by Ex) and a nurse specialist (SPA). An Ex by Ex is a person who has experience for caring for older people and / or people with disabilities.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This 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 used a number of different methods to help us understand the experiences of people who used the service. We spoke with seven people, six staff members, the registered manager, the deputy manager and seven relatives. We also spoke with the business manager, the chef, two activity co-ordinators and two health care professionals. We contacted four social care professionals for feedback but had no response.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included six people's care plans, risk assessments, and people's medicine administration records (MAR). We also reviewed four weeks of duty rotas, four staff recruitment files, health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 11 February 2016 there were no concerns were identified; however we made some good practice recommendations.

Good

Is the service safe?

Our findings

People and their relatives told us that they were safe. One person said "I'm very safe here. I can't mention one little thing, they're here straight away." Another person said "I am safe here."

People were safe from avoidable harm. Risks to people were identified and managed. Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. A staff member told us that one person was at risk of pressure areas developing. They told us what was in place to reduce the risks and how often the person needed re-positioning. We saw that staff supported the person with the correct pressure reliving equipment and when they moved the person to keep them safe.

Care plans contained risk assessments on pressure management, malnutrition, moving and handling, social isolation and bathing. People had risk assessments in place for certain long term and short term health conditions. Risk assessments were reviewed on a regular basis.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. A staff member told us "[There is] financial, physical, sexual, verbal abuse. I would tell my manager and the safe guarding team."

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information and whistleblowing information was displayed in communal areas of the home. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

There were enough staff to meet the needs of people safely. One person said "'I feel quite safe. When I ring the bell someone always comes." The registered manager told us that each unit of the home had their own staffing levels and these were dictated by the needs of people. Each unit had a nurse day and night on shift, except the residential unit, as the needs of people were not nursing. The home also employed a chef, kitchen staff, housekeeping and laundry staff. There were also two activity co-ordinators and a maintenance person. This meant that the care and nursing staff were focused on providing care for people. We saw that care and support was provided when it was required and staff were always available in communal areas The rotas and our observations on the day confirmed that the agreed staffing levels were consistently maintained.

Staff were recruited safely. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The registered manager ensured that when recruiting nurses

their registration was checked with the Nursing and Midwifery Council (NMC).

People received their medicines safely. There were procedures in place for the safe administration, storage and disposal of prescribed medicines. We observed staff administer people their medicines. Staff signed the medicine administration record (MAR) after the medicine had been taken by the person in line with good practice. We looked at people's MARs and confirmed there were no gaps in their records. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for.

People received their medicines in a safe way, and when they needed them. For 'as required' medicine, such as pain relief or medicine to help people who may be anxious, there were guidelines in place which told nursing staff the dose, frequency and maximum dose over a 24 hour period.

Medicines were stored safely in locked cabinets when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. When medicines were stored in a fridge this was not used for any other purpose. Temperatures were taken daily to ensure that the medicine was kept at the right temperature.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident or accident and understood what to do in emergency situations that included accidents and falls.

People would be kept safe in the event of an emergency and their care needs would be met. The provider had a contingency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

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. Where people lacked capacity staff had completed mental capacity assessments and best interest decisions for people, regarding decisions about their care, including use of bed rails and medicines. However, some mental capacity assessments did not include what decision was to be made. Where relatives were making decisions regarding a person's care, the registered manager now ensured that relatives had the appropriate legal authority to do so.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support and supervision in the home and outside of the home. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way.

Staff had a good understanding of consent and mental capacity. One staff member told us "I can't make decisions for them. We talk to them to help them understand. We ask people's permission before doing things for them, we have to, we don't make decisions for them." We saw staff ask for people's consent before providing their care.

Staff had the right training and skills to care and support people effectively. A relative said "Staff are well trained for what they will encounter here, always enough staff on duty. " Another relative said "We have peace of mind because they (the staff) know how to deal with mother's dementia." Staff training consisted of mandatory training such as moving and handling, fire safety, dementia awareness and mental capacity. Nurses received clinical skills training such as wound care and catheterisation. The nurses also told us the provider had supported them in preparation for revalidation with the nursing and midwifery professional body (NMC).

The registered manager told us that new staff had undertaken an induction. New staff that started at the home completed an induction programme and the Care Certificate. This is a nationally recognised set of standards and competencies for care workers. Induction also consisted of attending mandatory training and new staff shadowing other staff members for up to two weeks, to observe the care and support given to people prior to them caring for people own their own.

People benefitted from staff having supervision and an annual appraisal. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. A staff member told us "In my last supervision we talked about medication and deprivation of liberty." This was

confirmed by staff and records held.

People were supported to eat and drink regularly; there was a good choice of food for a healthy, balanced diet. People told us that the food was nice. One person said "The food is good, I really enjoy it. Some days I don't want much and they give me what I want." We observed part of a meal time. The meal was sociable and calm. Staff supported people when they needed assistance and this was done with patience and dignity.

The chef told us that there was a four week rolling seasonal menu. Some people were on special diets such as pureed food and the chef was aware of people's allergies, likes and dislikes. A person said "If I don't like the meal they'll get me something else like scampi and chips." For people that needed a high calorie diet, the chef made special smoothies. For people who needed soft or pureed meals, the registered manager had researched a way of making foam with using highly nutritional meals. The chef told us that they had a good response from people who had tried them. Where people had a pureed lunch, each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences.

People had adapted cutlery, cups and plates when required. Food and fluid was accessible to people throughout the day. People who were in their rooms had jugs of cold drinks available to them. In communal areas there were jugs of cold drinks and snacks and a choice of hot drinks were served regularly. A relative said "There are always teas, coffees and juice on offer and available. Residents seem to have a choice of food."

Some people's dietary needs were met via a percutaneous endoscopic gastrostomy (PEG) tube; these are used when people have significant swallowing problems to receive their food directly into their stomachs. There were guidelines in place to tell staff how to do this safely. Staff administered the food in a dignified way to people.

People were protected from poor nutrition as they were regularly assessed and monitored by staff and the chef to ensure they were eating and drinking enough to stay healthy. People's weights were monitored regularly and weight for people remained stable. Where weight loss had been identified, the GP was made aware and the appropriate fortified diets had been put into place.

People were supported to maintain their health and wellbeing. A relative said "They will take my mother to the hospital and will contact the out of hour's doctor if necessary." When there was an identified need, people had access to a range of health professionals such a GP, district nurse, speech and language therapists (SaLT), community psychiatric nurse and physiotherapy. The GP visited weekly and when required. A physiotherapist regularly visited people who lived in the acquired brain injury unit to provide people with and support people to do exercises. A relative told us "…The physio is fabulous."

Good

Is the service caring?

Our findings

People and their relatives told us that they found the staff to be kind and caring. One person said "Oh I say, must have some of the best carers you could ever have here." A relative said "The staff are very good."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. People appeared relaxed and content around staff. Staff told us that the reason they liked to come to work was because of the people. One member of staff said "The best thing about working here is the residents, they make me smile and I make them smile." The overall atmosphere in the home was relaxed.

Staff were focused on supporting people in a caring and friendly way. A health professional said "Very caring staff." We saw staff using humour and touch when engaging with people. Staff regularly chatted with people. Staff stopped and talked to people in the corridor and popped into people's rooms and asked how they were. Some people used communication aids or gesture and body language to communicate with staff. When staff talked to people, they allowed time for the person to process the information and time to respond.

People were supported by staff that knew them as individuals. A relative said "[My loved one] gets on well with all the staff and they know how to deal with her as an individual." Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had. Another relative said "The care workers are amazing. [my loved one's] keyworker is stunning. They really check things to the nth degree, gets on with the job, no fuss, so reliable don't have to check. The nurses are all good."

People's choices were respected by staff. A staff member asked a person if they wanted to sit in their wheelchair or to be transferred into an arm chair. The person chose to stay in their wheelchair and staff respected this decision. People were offered choices of drinks and snacks throughout the day and a choice of where they wanted to be in the home.

Staff took time for people to support them when they became distressed. A person became anxious and the staff member talked to them in a calm and reassuring manner. The person responded well and became calmer. The staff member was able to explain why the person had become anxious and how to support them to calm.

Staff treated people with dignity and their privacy was respected. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. A relative said "They treat my mother with dignity and respect. I've never observed any untoward behaviour. The doors are usually open but closed when staff support people to use the toilet." We observed staff knocking on people's bedroom doors before entering.

People's bedrooms were individually decorated and contain pictures and photographs of things that people

were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and could display their personal items. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and had nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones, relatives confirmed this. Relatives told us that there were no restrictions on visiting their loved ones and staff were kind and caring towards them when they visited. One relative said "They [the staff] treat me like family here, a part of the furniture. The night and day staff will ask how I am, and how I'm coping, showing concern for me."

People and their relatives were involved in planning their care. A keyworker system was operated which enabled staff to build up relationships with people and their relatives. Where possible people's care plans and assessments had been completed with input from people and their relatives. A relative told us "They have discussed care with me, I trust them, they [the staff] know what they are doing."

The registered manager was continually trying to improve the care for people. The home had just applied for accreditation with the Gold Standard Framework (GSF) in end of life care. The GSF is an evidence based approach to ensuring that staff provide the best level of care to people who are at the end of their lives. The GSF provides systems and process for staff to follow good practise in end of life care. Training for staff is also provided and the home has set up champions in end of life care to encourage good practise and care.

Good

Is the service responsive?

Our findings

People received a personalised service. The registered manager had implemented a new electronic care planning system across the home. People's care plans provided staff with information about people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. There were care plans outlining how to support a person with a specific health condition, such as epilepsy.

Care plans also contained information on people's routines, what time people wanted to get up and go to bed. We saw that care was given in accordance with these preferences. A handy keyworker summary sheet was included in the care plan. This gave a brief summary of the person and their needs, and matched the more detailed information in the full care plan.

People's needs were assessed prior to admission and there was an ongoing assessment of people's needs. People's care needs were reviewed regularly. People, their relatives and health and social care professionals were involved in people's care plans. A relative told us "I've been asked for feedback once or twice, written feedback, what my mother would like and her interests. An 'about me' form for hobbies and interests."

Staff knew people well, relatives confirmed this. A relative said "Staff know my [loved one] well." A staff member told us that one person liked a particular type of musical instrument and to hear it being played; this person was encouraged to play the instrument on a regular basis. Another staff member told us that a person liked to have the sensory music and lights on in their room as this calmed and reassured them. We saw that this was being played in the person's room. Some relatives also told us that they felt supported by the staff and that they knew them well.

Staff were responsive to people's changing needs. A staff member told us that "We assess people everyday." A relative told us that their loved one had complex health needs and due to staff being responsive to the person's needs, they had not required hospitalisation in the past year.

In the previous inspection we made a recommendation to the registered manager about improving opportunities for people to engage in activities. There had been some improvements in this area, however further work was needed. People and their relatives had mixed reviews about the activities. One person said "We do things together like reading and writing and we have a good time." Another said "'We sit here bored. I like gardening but we don't get a chance to do it here." However, another person told us that they had been out gardening that morning. Some people told us that they didn't go out of the home much.

Our observations were also varied. We saw some people engaged, either chatting with staff about what was on TV, doing a word search or staff reading the paper with a person. There were occasions when we saw people not engaged with staff or an activity for 20-30 minutes. The registered manager had identified that further work needed to be done to improve activities for people. The activity co-ordinators were due to meet with the organisation's 'lifestyle team' to develop the activities programme further and work towards more individual activities. In the morning there was a quiz for the whole home on the ground floor.

There were two activity co-ordinators, one who planned and organised activities and another delivering them. There was an activity timetable for the whole home. Depending on the day there was one to two activities listed. Activities ranged from outings for lunch, exercise, quizzes and music. The home used external entertainers visit such as musicians and pet therapies who visited frequently. In the afternoon a singer came which was a well attended event.

Activities for people who were bed bound or preferred to stay in their room had increased. People had individual sensory music, aromatherapy and sensory lights. There were sensory objects for people to use around the home, such as tactile materials, twiddle blankets and 'breathing pets'. These are soft toys shaped like a dog or a cat that mimicked breathing. We saw some people using them on the day; people were clearly enjoying them as they were stroking them. The registered manager told us that the sensory items made people calmer and less distressed.

The registered manager told us that the home had an allotted amount of money which they had decided to spend on 'talking books'. This was an electronic photograph album that people and their relatives could put pertinent photographs in and voice over a story. This would then be a tool for staff to use with people to engage them in conversations. We saw that this had been rolled out to a few people and was going to be rolled out to people where there was a need.

People and their relatives told us that they felt listened to. A person said "I know how to complain and how to get things resolved." A relative told us "I have no reason to complain. If I did, I would go and talk to the manager or whoever." The home had a complaints policy in place which detailed how a complaint should be responded to. Where a complaint had been received, the registered manager had responded and made sure that actions were taken to make it right for the person. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

There was a regular relatives' forum, to discuss ideas for the service. This group was run by a relative of a person who used to live at the home. We saw minutes of these meetings, items such as staff changes and activities were discussed. A relative told us "There is a friends and relatives meeting every two months. The agenda is put together by the service manager and a record of the meeting is kept. Staff attend and 12ish families attend." The registered manager also arranged a monthly lunch outside of the home for relatives past and present. Relatives told us that they found the group supportive.

Good

Is the service well-led?

Our findings

People and their relatives told us that the home was well run and managed. One relative said "The management is very good, pretty on the ball actually. [The manager] is seen out and about, getting involved in the day to day team things. A consistent close knit team." Another relative said "The management is always friendly and approachable and people have time to have a chat. I can always go to the manager if an issue arises but nothing has occurred."

In our last inspection, we found that the management did not have oversight of incidents and accidents that had occurred in the home. We found that there had been improvements in this area. The registered manager now analysed all the incidents and accidents that occurred in the home to see if there were trends or patterns. Actions were put in place to reduce the risks of them occurring again. For example, where people had had a small number of falls, a referral to the falls team had been made.

The registered manager had ensured that there were robust systems and processes in place to monitor, review and improve the quality of care provided to people. There were various audits including health and safety, infection control, wound and weight monitoring and medicine audits. The registered manager had completed an action plan, which detailed what needed to be completed, who was responsible, date action to be completed. Areas for improvement that had been identified and actioned included monthly kitchen audits in each of the units and some extra training for staff working with people who have dementia.

Record keeping was on the whole good, however, improvements could be made. Some care records such as some mental capacity assessments were not decision specific, some body charts for recording when pain patches need to be changed were missing information and some care records contained generic information. We told the registered manager and she began reviewing this after the inspection.

There was a positive culture within the home between the people that lived here, the staff and the registered manager. The registered manager interacted with people and staff with kindness and care. The management team had an open door policy; we saw staff regularly approach the registered manager and the other managers for a chat or advice throughout the day. We saw the registered manager walk around the home at certain times of the day to talk with people and staff. People and their relatives regularly spoke with the management throughout the day.

The home celebrated staff's commitment to supporting people. The provider organised an annual staff award programme. People, relatives and other staff had nominated staff members for a Heart of Gold. Two staff members won from Acorn Court for going above and beyond the call for duty for people. The registered manager organised an annual 'carers week' where carers received treats like massages, pizzas and ice creams. A staff member told us "I am so proud to work here."

Staff were involved in the running of the home. Staff told us that there were regular team meetings. We saw minutes of staff meetings, items on the agenda included care practice issues, updates on people and training. Staff were clear about their roles and responsibilities.

Staff, people and their relatives told us that they felt supported by the management of the home. A staff member said "All the management are very supportive. I love working here." Another said "They are kind here, they accept me for who I am. Give me the experience and training I need, I feel like they want me here. I have been promoted, they give me the support I need and have listened to what I want."

The provider undertook an annual survey of people, their relatives and staff views. From the 2016 survey 29 questionnaires had been received from people and their relatives. Feedback was positive, stating "Excellent care", "Exceptional carers" and "Clean, kind and friendly". The staff survey was generally positive with staff feeling supported and valued.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.

The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection. For example, the improvements in record keeping and oversight of accidents and incidents.