Priyas Limited

Chardwood Rest 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?	Requires Improvement

Summary of findings

Overall summary

Chardwood Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Chardwood Rest Home is a detached property close to the seafront in Pevensey Bay. It provides care and support for up to 15 older people with care needs associated with age. This includes people with low physical and health needs and people with mild dementia and memory loss. Chardwood Rest Home provides respite care that includes supporting people while family members are on a break, or to provide additional support to cover an illness.

At the time of this inspection twelve people were living in the service. This inspection took place on 15 and 20 March 2018 and was unannounced.

There is a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection in January 2017 the provider was rated requires improvement with a breach of regulation 12. This was because the provider had not ensured that appropriate staffing had been maintained in order to ensure people's safety at all times. The provider had not ensured people were handled and moved in a safe way at all times and had not ensured all medicines were stored safely.

At this inspection we found this regulation had been met and the service was rated 'Good' overall.

However we found the management arrangements did not ensure effective leadership was in place at all times. When the registered and deputy manager were on annual leave together suitable management arrangements had not been assured. During their absence no one had been designated day to day management responsibility. This meant there was no one able to deal with important management issues quickly. This would include effective responses to safeguarding and emergency situations including fire. We also found some records were not completed in a consistent way. This included consent records, recruitment and medicine records. There was no evidence that the inconsistent records had impacted on care. This lack of management oversight and consistent record keeping was identified to the registered manager as an area for improvement.

People were looked after by staff who knew them well and understood their individual needs. Staff treated people with kindness, they were polite and considerate in their contact with people. People's dignity was protected and staff were respectful. People and their relatives gave us positive feedback about the care, and the atmosphere in the service. One relative said, "Easy going, homely atmosphere, everyone knows their role

and they are all competent, It is a lovely little place." Visiting professionals were confident that staff were kind and caring and responded to people's health and welfare needs appropriately.

Medicines were stored and handled safely. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what they should do if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe way.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

Staff monitored people's nutritional needs and responded to them ensuring they had enough to eat and drink. People's preferences and specific dietary needs were met. People were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The registered manager was readily available and led by example.

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.

Medicines were administered safely by staff suitably trained to do so.

The staffing arrangements and the provision of equipment ensured emergency situations could be responded to quickly and safely.

Recruitment procedures ensured as far as possible appropriate staff were recruited to work in the service.

People and relatives told us people were happy living in the service and felt safe. Staff had received training on how to safeguard people from abuse and were clear how to respond to any allegation of abuse.

Is the service effective?

Good

The service was effective.

Staff were being suitably trained and supported to deliver care in a way that responded to people's changing needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

People had access to healthcare professionals, such as the GP as necessary to promote their health and well-being.

People's nutritional needs were well monitored and they had food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives

were made to feel welcome in the service.

Everyone was positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People had a variety of activities and entertainment to meet their individual needs. Some visiting entertainment and activities were provided in the service.

People were able to make individual and everyday choices and staff responded to these choices.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not ensured adequate management arrangements were in place at all times. Quality monitoring systems had not identified some inconsistent record keeping.

People and staff were confident that they were listened to and had their views taken into account.

The registered manager had a high profile in the home and was available to staff and people. They were committed to providing individual quality care to people living in the service.

Chardwood Rest 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 15 and 20 March 2018 and was unannounced. It was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted and contact made with us through our contact team. A notification is information about important events which the provider is required to tell us about by law. The provider 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.

During the inspection we were able to talk with nine people and five visiting relatives. We spoke with four staff members the registered manager and a visiting specialist nurse and a visiting hairdresser. Following the inspection we spoke and received feedback from a DoLS assessor and a paramedic practitioner.

We spent time observing staff providing care for people in areas throughout the home and observed people having lunch in the dining room. We used the Short Observational Framework for Inspection (SOFI) during the day. This is a way of observing care, to help us understand the experience of people.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality

assurance records.

Good

Is the service safe?

Our findings

At the last inspection in January 2017 the provider was in breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.This was because staff the provider had not ensured that appropriate staffing had been maintained in order to ensure people's safety at all times. The provider had not ensured people were handled and moved in a safe way at all times especially following a fall. In addition the provider had not ensured all medicines were stored safely. An action plan was sent to us by the provider that told us how they would meet the legal requirements.

At this inspection we found improvements had been made and the provider was now meeting the requirements of Regulation12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff working at the service to look after people safely. There were two care staff working throughout the day often supported by either the registered manager or deputy manager in addition. The nights were covered by the one care staff member who was supported by a 'sleep in' staff who was available in an adjoining flat. A 'sleep-in' member of staff is somebody who can work an agreed number of hours at the start and end of a shift and may be called on at any time during the night depending on people's needs. The registered manager normally provided this cover but alternative staff were provided in her absence, and this was recorded on the staffing records. People told us there was enough staff and all their needs were attended to. One person said, "There is always staff around to help."

The provider had purchased two mobile hoists since the last inspection that ensured appropriate equipment was available to move people safely at all times. All medicines were stored appropriately within locked facilities.

People and their relatives were confident they were safe living at Chardwood Rest Home. They told us they felt secure with the doors being locked at night, staff were around to respond to their needs and this made them feel safe. One person said, "I feel safe here, I can do everything myself, the premises is always locked up. Another said, "I am definitely safe living here, nothing to worry about, always someone to chat to." Relatives were confident that people were safe and well attended to. One said, "The staff and the whole place make me feel people are safe. My relative is so well looked after." Another said, "They have a very good approach to ensure people are safe, working with people in an individual way."

Systems followed by staff ensured the management of medicines were safe. People and relatives told us people received their medicines when they needed them and were satisfied that they received the correct dosages. One person said, "Medication is on time, I have questioned some of them and they are stopping one of them now." Another said, "Tablets are always on time, very good with medication."

We observed medicines were administered safely and in an individual way. Staff explained what they were doing and asked people if they needed any as required medicines. They gave people time and support to take their medicines without rushing. Medicines were only administered by staff who had received training

on the safe handling of medicines and training schedules confirmed staff competency on this matter was assessed. Staff told us they only administered medicines once trained and assessed as competent to do so. Medicine administered had been reviewed and ensured people only received medicines they needed.

The medicine administration record (MAR) charts were well completed and recorded when people had received their medicines. Records relating to topical creams clearly documented when, where and how these medicines were to be administered. When people were prescribed variable dose medicines that were changed according to blood tests. These were recorded accurately and staff had a good understanding of what dose was required. Some people were prescribed 'as required' (PRN) medicines. PRN medicines are only taken if they were needed, for example if people were experiencing pain. Individual protocols and guidelines were in place to guide staff on the safe and consistent administration of these medicines.

Staff recruitment records showed the required checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the service. These checks included confirmation of identity references and a disclosure and barring check (DBS). The DBS identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The registered manager co-ordinated the recruitment of staff and told us they were particular in who they recruited taking account of people's personality and matching them to job specifications when coming for an interview.

Staff had received safeguarding training and understood their responsibilities in relation to safeguarding people and protecting them from the risk of abuse. Staff were able to recognise different types of abuse, told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the registered manager immediately but also knew what action to take if they were not available. There was safeguarding information on display. This contained relevant contact numbers for the local safeguarding authority. Where concerns had been identified in the past the registered manager had referred these on appropriately to the local authority.

The provider promoted a safe and clean environment. The service was clean and decorated in a style that suited people. One person told us, "They keep it nice and clean." Staff used protective clothing appropriately. Hand hygiene was promoted and hand sanitisers were available at key areas in the service. Health and safety checks were completed regularly to ensure the premises was safe and maintenance issues were identified and responded to. Security measures were in place and all visitors entering the service signed a visitor's book in the front entrance hallway. The service's equipment was regularly checked and maintained. Safety checks had been carried out and these were planned and monitored. They addressed the environment, water temperature, appliances including portable electrical appliances, lifting equipment and fire protection equipment.

Risks to people's safety and care were identified and responded to. Risk assessments were used to identify and reduce risks. For example, risks associated with nutrition, moving people and pressure areas were documented, and a risk management plan was then established. This included ensuring people received care to ensure people were moved safely and with assistance when required.

Good

Is the service effective?

Our findings

People and their relatives were very complimentary of the staff and told us they were skilled, well trained and looked after people 'very well'. People said staff knew and understood their individual needs and responded to them treating them in a way that reflected them as people. One person said, "Staff know me really well and I can do as I want." Another said, "The staff get to know us very quickly here, I can do what I want, I have breakfast in my room or downstairs." Relatives told us they trusted the staff and knew that they would respond to any changing care need. One relative said, "Staff seem to have the right skills to care for my mother." Another said, "The staff understand that different people have different needs and ensure these are responded to in a positive way. Visiting professionals were also positive about the care provided and told us they were contacted as necessary for support and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training and had an understanding of MCA and DoLS. Staff explained to people what they were doing and ensured they were agreeing to any care or support.

Each person had their capacity assessed on admission, as a baseline assessment. People living in the home had capacity to make decisions about their care and daily life. Staff worked with people to ensure people were not restricted unnecessarily. One person told us, "I can go wherever I like as long as I tell the staff, I feel very safe here, I am not tied down at all, the first few times I went out the staff followed me to check I was safe on my own." The registered manager understood that a capacity assessment would need to be completed if there was any concern around a person's capacity to make a decision. She was aware any decisions made for people who lacked capacity had to be in their best interests and the need to include appropriate representation for the person concerned. The registered manager had applied for a DoLS authorisation in the past and worked with the local assessment team to minimise any restriction to liberty.

The registered manager was committed to supporting staff to learn and develop. Staff that were new to the service attended a structured induction programme. This included formalised training and support in understanding people's care needs. The registered manager worked alongside new staff and structured the training programme to reflect their learning needs. The induction programme was based on Skills for Care common induction framework. These standards provide a set of standards for health and social care workers can work in accordance with.

An essential training programme had been established and staff had completed essential training

throughout the year. This training was co-ordinated by the registered manager who ensured staff completed the required training. The training was varied and reflected the needs of people living in the service and included competency assessments to ensure training was embedded into practice. For example, hand hygiene training was followed up with an assessment of hand washing practice. Structured supervision and appraisal for staff was in place. Staff told us they felt supported and the training programme provided them with the skills to meet people's care needs. One new staff member said, "I love it here, I am really enjoying it, I love coming to work, I really love the residents and staff. All staff are absolutely supportive, caring is a new role for me and I love it. I am shadowing at the moment. I have done my food hygiene and infection control training, other training is being arranged by the manager."

Staff responded to people's physical and emotional health care needs. Staff recognised when people were not well. They worked with the community health care professionals to promote people's health and level of well- being. For example, on the day of the inspection staff had contacted the GP regarding one person who was 'sleepy and not themselves." Staff sought out additional advice and support from health care professionals. For example, a specialist stroke care nurse had been contacted in the past. People were supported to see or attend regular health appointments that included the GP, dentist, optician and chiropodist when needed.

Staff communicated regularly with each other; this was completed verbally and in written formation. Staff used a diary and wipe board to ensure important information was not missed. Verbal communication between staff was structured at the handover between staff and the registered manager ensured she and staff were appraised of all changes in care and support required. People and relatives told us they had their health needs attended to quickly and effectively. One relative explained how staff had responded effectively and quickly to a skin rash.

The service's environment was adapted to meet the needs of older people. Rooms had level access to all areas in the service via a passenger lift. There was an adapted bath and shower for people with limited mobility to use. There was level access to the front of the service and into the garden which allowed wheelchair access. This ensured people were not restricted and discriminated against and could move around the service and community regardless of their disability.

People were supported to have enough to eat and drink that met their individual needs. People were complimentary about the food and how they were provided with choice and variety. A menu was displayed and offered choice to people on a daily basis. People's comments included, "The food is good, I eat everything, they will always do something else, I get more than enough, plenty to drink at any time," and "Food is very good, I have never complained about anything , plenty to eat, can always ask for more, always offer an alternative."

People's nutritional needs were assessed with risk assessments and staff observations to identify people who needed monitoring or additional support to maintain nutritional intake or to respond to a health need. For example, people's weights were monitored and if people lost weight which impacted on their health staff referred on to the GP for further advice and guidance. Staff had a good knowledge of people's dietary choices and needs. They knew who was diabetic and what allergies people had. These were recorded as part of the assessment process and used during menu planning. Staff were available to assisted people during mealtimes if required. This included placing food and utensils and explaining where they were to a person who was blind. Staff monitored closely to ensure the person's diet was appropriate for their identified health need.

Good

Is the service caring?

Our findings

People were treated with kindness and staff were caring in their day to day contact with them. People who used the service, relatives and visiting professionals were positive about the approach of staff saying they were always kind and pleasant. People said, "The staff are very good to me, very patient and kind to me," "You have to be a certain type of person to look after the elderly." and "No problems with the staff, they are all good and special people." Relatives reflected on the kindness of staff and homely, friendly atmosphere in the service. One said, "This place is like coming home from home, nothing is too much trouble. Mum is really happy here." Another said, "The staff are lovely, all so friendly and helpful, they treat her beautifully, always inform us if she is not well, there is good communication between the staff and us. We cannot find fault, every one of them. If a place can be perfect then it is this place."

The SOFI and general observations showed interactions between staff and people were meaningful and caring. Staff were constantly talking to people spending time with them and their relatives. Some staff chose to spend additional time in the service sitting and chatting with people. For example one staff member often started their shift early so they could watch the Television with people and to discuss the sport and news. People and relatives told us how much they liked the staff. Staff used people's preferred names and knew people's choices, personal histories and interests.

Peoples' equality and diversity was respected. People told us they were treated the same regardless of any disability. One person said, "Staff understand my disability and that it makes me feel vulnerable. They take account of this." Staff supported people to maintain their personal relationships and contacts. This was based on people's choices and staff understanding of who was important to the people taking account of their life history their spiritual and cultural background and sexual orientation. For example, people in a relationship were recognised as a couple who may want to spend time privately together, but also treated as individuals who needed time alone. People were supported to meet their spiritual needs and staff understood that people's beliefs were important to them. Visiting priests and vicars were arranged as people wanted and these needs were discussed with people as part of the individual assessment process. One person said, "I am not interested in religion, I was asked when I came in."

Staff encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, this meant genuine friendships were formed within the service. One person told us how important a friend made within the service had become. Visitors were able to visit at any reasonable time and were welcomed. One relative popped in and out of the service on a regular basis and this was a positive stimulation to their relative. A relative said, "We visit whenever we like, made very welcome."

People said staff respected them and took account of their privacy and dignity. They told us this related to staff ensuring they had care delivered in an appropriate way. Bedroom doors were kept closed when people received support and people told us staff knocked on their doors before entering. People had their own rooms and had personalised them as they wanted. People's bedrooms were respected as people's own space. One person said, "I have my room as I want, I have memories not 'things' in my room, my choice."

Another said, "Yes my room is individualised, we can do what we want with our rooms. This home is very comfortable, visitors can come anytime of the day." People told us staff took account of their privacy and dignity when they

Staff had a good knowledge and understanding of the people they cared for. Staff knew about people's individual needs and choices. For example, when people liked to get up in morning and what they liked to eat. People were able to make their own choices and decisions about their care and how they spent their time. One relative told us, "Mum often has breakfast in bed at 10am, she likes that." People moved around the home freely, spending time in different areas of the service as they wanted. Staff cared about people's choices and appearance and supported them as individuals. One person told us staff supported them to dress as they wanted. "I choose my clothes that are laundered here, staff are very caring that way."

Staff understood the importance of maintaining people's confidentiality. Staff received training on maintaining people's confidentiality and records their records were kept securely. Staff told us they would 'never talk about people's personal information' outside of the service.

Good

Is the service responsive?

Our findings

At the last inspection in November 2016 we found the provider had not ensured the level of activity was appropriate for all people living in the service. This was identified to the registered manager as an area for improvement. At this inspection we found the level of activity, social stimulation and entertainment in the service reflected what people wanted.

People told us they joined in the activities as they wanted and there was enough entertainment and activity in the service to keep them occupied. There was an activities programme and information about people's interestsrecorded in their care plans. Staff engaged with people and arranged activity and games that people showed an interest in. One person said, "I take part in all the activities, they have quizzes, bingo, painting, singing and dancing, I can also attend some activities in another home if I want to, it can be arranged." Some people liked to occupy themselves and were supported to maintain their own hobbies. For example, one person loved gardening and they were encouraged this lifelong hobby. One person told us, "I am not interested in activities, I like my own company, the staff know what I am like, and leave me to it."

Staff including the registered manager spent time with people on an individual basis chatting and discussing areas of interest including daily news and memories. Interaction was positive with people and staff sharing a joke and good humoured banter. Staff took a genuine interest in people and their families promoting a homelike environment. One relative said, "All staff treat residents with respect and there is a real sense of a family within the home. There is a sense of peace and good humour in this home."

People told us staff understood them and what care and support they needed. They told us they were very happy with the care and support they received. Comments included, "Staff support me well without a doubt, more care than I have ever had before," and "Staff look after me very well." Relatives were also confident that staff understood people's needs and responded to them appropriately. One told us, "The staff treat the residents as individuals and adapt their care according to their needs." One person described how staff allowed them to be as independent as possible which was important to them. People and their representatives were involved in deciding how people's care was planned and provided. Discussions were recorded and individual care plans were written and updated following any changes. The advice of visiting health professionals was also discussed and included in people's care records to guide staff. As staff knew people very well, a personalised approach to care was maintained. Everyone was treated in a person centred way that promoted their individuality. Staff asked and listened to people's choices and accepted them. For example, people were asked where and when they wanted breakfast. People had flexibility in how and where they spent their day.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although the registered manager was not familiar with AIS they had assessed and identified the communication needs of people. People's identified needs were recorded within individual care plans along with strategies to enhance communication. One person was registered blind and staff were consistent in

their approach that supported his communication. For example, he was introduced to who he was sitting next to and how close they were to them. In this way staff knew he was able to communicate effectively with the person next to them. . Staff also took account of people's hearing aids and glasses making sure they were available, clean and working.

People and their relatives said that they would raise concerns or complaints if they needed to. They told us they would talk directly to the registered manager. "If I was not happy I would talk to the manager." There was a complaints procedure and this was available to people and their representatives to use if required. A complaints and suggestions box with feedback forms were available in the lounge for anyone to complete anonymously if wanted. This encouraged people to pass on their views in an anonymous way if they wanted to. Records seen confirmed complaints received were documented and responded to. When compliments and gratitude contacts were received these were shared with staff and displayed in the office area. This meant staff received feedback on the care and support provided.

The registered manager kept people's needs under review and recognised when these needs were exceeding what could be provided by Chardwood Rest Home. They then worked with appropriate representation to find an alternative placement. Staff however were able to support people at the end of their lives appropriately with the support of community health care professionals. The registered manager worked with the local GPs to ensure any required medicines to support this care were readily available. People's wishes around end of life care were discussed and recorded and staff worked with each other to ensure these were respected.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in November 2016 we found the leadership of the service was not effective in all areas. The management and quality monitoring systems did not always ensure safe and best practice was followed in all areas. This was identified to the registered manager as an area for improvement.

The CQC imposed two conditions of registration on the service in January 2016. These conditions required the provider to establish full quality monitoring systems that took into account regular audits, reviews of practice and feedback from people who used the service. This was to include the use of action plans and on-going monitoring to resolve any issues identified. The provider was required to provide to the CQC a quality report each month, based on the quality monitoring system established.

At this inspection we found the leadership of the service had improved and meaningful monthly reports were being supplied to the CQC. We also found the PIR had been fully completed and confirmed that this document was to be used as part of the service's quality monitoring system in the future. This was to enhance the quality audits already completed and recognised the improved focus it would provide on people's experience.

Despite these improvements we found the leadership of the service was not effective and robust in all areas.

The registered manager and deputy manager were on leave for the same three weeks abroad in March 2018. During this time there was no one with the designated day to day management responsibilities for the service. This meant there was no one able to deal with important management issues quickly. This would include effective responses to safeguarding and emergency situations including fire. We found some records were not completed in a consistent and appropriate way. For example we found records relating to a medicine that required additional recording were not in place. The senior staff working in the service did not understand the need and importance of this. Records relating to individual consent were not always completed by the person concerned. In addition we noted that references for one staff member returning to the service after working some months at another care home had not been sourced.

This lack of management oversight and consistent record keeping was identified to the registered manager as an area for improvement. There was however no evidence that the poor record keeping had impacted on people's care. The registered manager confirmed that the service would not be left without an identified manager in the future.

People and relatives were positive about the management of Chardwood Rest Home. They told us the registered manager had a high profile in the service and was available to everyone to discuss any issue. "It is one happy family here with a good manager, she is a real worker, 8 days a week."
They said she had an overview of the service and the care provided to each person living in it. People and relatives said they were listened to and the culture of the home was relaxed with a pleasant atmosphere. People's comments included, "I know who the manager is and she runs this place well I think. She has meetings to discuss any changes with us," and "We all know who the manager is, she talks to us individually,

she will always listen. Very good quality of service here." Relatives were also positive about the management and how the service was run. "There is an easy going, homely atmosphere here, everyone knows their role and they are all competent, It is a lovely little place." Visiting professionals were also positive about the management of the service which they felt was well organised and responded to people's changing needs. They confirmed the registered manager worked in a collaborative way involving other professionals to improve the health and wellbeing of people in the service.

The registered manager sought feedback from people and those who mattered to them in order to enhance the service. This was facilitated through meetings, regular contact with people and their relatives and satisfaction surveys. Meetings were used to update people on planned events and other activities, changes in staff and any works to be completed to the premises. Satisfaction surveys were based on an individual's view of the service as a whole. Any areas highlighted within these were taken to the staff team for discussion. The registered manager confirmed further surveys were to be completed to focus on key areas to enable a targeted improvement plan for the service.

Staff were positive about working at the service and told us how much they enjoyed their work and felt supported and encouraged in their roles. Staff told us the registered manager and the deputy manager were approachable and listened to what they said about work and also took account of any personal commitment or problem they may have. One told us how their shifts were flexible in response to family caring responsibilities. Staff received regular meaningful supervision, and appraisals. The registered manager demonstrated this through one staff members improved performance managed through this process. Staff told us the supervision process was useful for individual development. It was also used to reinforce the values of the service and to support staff in completing essential training.

Staff felt valued as a team member with their views being taken into account and influencing the running of the service. One staff member said, "The manager and deputy are really hands on and muck in and help as part of the whole team." Another told us how their views on staffing had been responded to with an increase in the staffing hours. A team spirit and willingness to work together for the benefit of people was strong. Staff spoke highly of each other and talked about 'helping each other out.'

Information on the aims and objectives of the service along with its philosophy of care were recorded within the 'statement of purpose' which was available to people, staff and visitors. It recorded a main aim "To provide residents with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance." The managers and staff communicated regularly sharing information and working together. This was to provide an individualised quality service to people with the main aim of the service being promoted.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events appropriately. The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong. The Duty of Candour is a regulation that all providers must adhere to.