St George's (Liverpool) Limited

St George's Care Homes

Inspection report

Croxteth Avenue
Liscard
Wallasey
Merseyside
CH44 5UL

Tel: 01516306754

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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

We conducted an unannounced inspection on 15 January 2019. At our previous inspection in August 2018 we found that the home was in breach of several regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. These breaches related to the need for consent for people's care and treatment, the failure of the home to ensure the premises were safe, the failure of the home to display its most recent ratings and because of these breaches, the failure of the management team to completely improve the home. We had rated the service requires improvement overall.

Following the last inspection, asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, effective, responsive and well led, to at least good. We found that the home had addressed these problems and that the service had improved to good.

St George's Care Homes (St George's) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The building was converted from a community hospital which had been built about 50 years ago. It was over two floors and had single and double rooms. A lift connected the floors. The home was in a residential part of Liscard in Wallasey and shops and community facilities were nearby.

The home is registered to provide accommodation, nursing and personal care to up to 60 people. At the time of our inspection, there were 21 people in the home.

The home requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post who had been there for most of 2018 but whose registration had become final in December 2018.

The provider had also commissioned a specialist service to support and maintain the improvement required in the home.

We found that the home was a safe environment for people, who were supported by properly recruited staff who administered their medication correctly and who followed the policies and procedures of the provider. There were appropriate staffing levels and people were treated without discrimination and their human rights were protected and promoted. Staff knew how to safeguard people from abuse and how to report any concerns about this or any other accident or incident.

The building had been purpose-built and it was safe and well maintained.

Staff were well-trained and supervised and had the skills and knowledge to deliver effective support to people living in the home. Staff understood the Mental Capacity Act 2005 and worked with other agencies to ensure that people had the right support. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated everybody with kindness and compassion and involved them in decision-making about their day-to-day lives. They promoted people's equality and diversity, gave explanations and information in a way that people could understand and supported people's well-being and right to privacy.

We saw that all the staff treated people as individuals. The records we saw demonstrated that each care plan was individual to the person it was about. However, whilst the care plans were person centred, the daily records lacked detail as they just gave bland statements. People and their relatives told us they were involved in any reviews about their family member's care plans.

The people who lived in St George's could join in with various activities throughout each day.

We saw that worked well with other health and social care professionals to provide support to each individual person who lived in St George's.

The service completed various quality checks and audits including questionnaires to people using it, their relative's and health and social care professionals.

Further information is in the detailed findings below.

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 told us there were enough staff to meet their needs who were recruited using safe methods including criminal records checks and references.

Medication was administered safely.

The building was visibly clean and well maintained; it was undergoing refurbishment and was suitable to people's needs.

Is the service effective?

Good

The service was effective.

The home followed the Mental Capacity Act 2005 and mental capacity assessments were carried out where appropriate and people's consent obtained to their care and treatment.

Staff were trained and competent to support people's needs.

Nutrition and hydration were supported and meals were cooked in-house from fresh ingredients.

Is the service caring?

Good

The service was caring.

The staff had a kind and respectful approach.

They involved people and communicated in a way that they could understand.

Staff promoted and insured people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care was planned in a person-centred way and documents reflected this.

A range of activities was provided for people.

People knew how to complain.

Is the service well-led?

Good

The service was well led.

The registered manager was open and transparent.

Staff felt that they were well supported in their roles.

Quality assurance processes and audits ensured that the service improved.

St George's Care Homes

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 was 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 was an unannounced, comprehensive inspection. We carried out this inspection to check whether the service had addressed the breaches that we found at our last inspection. It was carried out by two adult social care inspectors, a specialist nurse adviser 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 service. The expert by experience had experience of people who lived with dementia.

The provider had completed a Provider Information Return (PIR) in June 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information that we held on our systems, including any concerns or statutory notifications. Statutory notifications are information about important events which the service is required to send us by law. We also checked with the local authority and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked around the premises, observed the interactions between people living at the home, care delivery and activities provided at the home. As some people were unable to give us their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people living at the home, two visitors and eight staff who held various roles at the home, including the registered manager, two administrators, kitchen staff and carers. We looked at a range of documentation including three people's care records.

We looked at overall medication storage and records, four staff recruitment files, accident and incident records, safeguarding records, health and safety records, complaints records. We reviewed audits and records relating to premises safety checks undertaken by staff and other management records related to the running of the home.

Good

Is the service safe?

Our findings

At our inspection in August 2018 we found that the home was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014, because the home had failed to ensure the premises were safe and well maintained and that people's emergency evacuation plans (PEEPs) were in place and up to date. At this inspection, we found that the concerns we had identified, had been addressed. We saw that the service was no longer in breach of regulation 12.

During this inspection we saw that work had been completed to improve the areas of concern found at our last inspection in August 2018. We saw that the PEEPs and the associated evacuation plan has now been addressed and improved and the issue with some of the fire doors not closing an actuation of the alarm, had been resolved. The fire doors now fitted properly into their frames. The other concerns we had found at the August 2018 inspection had all been addressed, for example, radiator covers had been secured and the lift was now only accessed by the use of the keypad. This ensured that only staff or other people who had the code were able to move up and down in the lift.

Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment and fire safety training and a business continuity plan in place to guide staff in the event of an emergency. A recent inspection from the local fire brigade had found that everything was in order.

We found that the home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We saw legionella checks had been appropriately carried out. Legionella is water-borne bacterium often found in poorly maintained water systems.

People and their visitors told us the home was safe and clean. They said that any risks were well managed, and their medicines were managed well. We saw that people who lived in the home were treated equally and without discrimination. One person told us, "I would speak to whoever's in charge if I [felt unsafe], but I don't; I feel very safe here". A relative told us, "I feel [my relative] is safe because there's always someone around to reassure them. I'd definitely go to the manager if I felt there was anything unsafe".

Staff were recruited safely and we saw in their recruitment records that, for example, application forms, criminal records checks, proof of the applicant's right to work in UK and references had been obtained and were recorded appropriately. Registered nurses pin numbers were checked monthly. Pin numbers were given to registered nurses by the Nursing and Midwifery Council who recorded their website, any issues that they had with the competency or conduct of the nurse.

A relative told us, "There are more staff on the floor". We saw that there were sufficient staff on duty to meet the needs of the people living there. One person said, "There are enough staff but sometimes they're on at the wrong times, I think. They're pretty quick if you use the call bell. I use it when I have asthma and need my inhaler". A relative told us, "There's always someone around to help, even if [my relative] has to wait for a

short time, and as far as I know there aren't any problems [with staffing levels] at weekends or night time. Another relative said, "I think they could still do with more staff, but it has improved. Now, there's always someone in the lounge, supervising everyone".

The registered manager told us that as new people were assessed with a view to living at St George's, they would only be admitted if there were sufficient and trained staff to meet their needs. Recruitment was ongoing at the time of our inspection there were several potential staff members undergoing reference and criminal records checks.

All the staff we spoke with a knew how to raise a safeguarding alert and there was information around the home with contact numbers. We reviewed the home's safeguarding records and found that appropriate actions had been taken when concerns were raised. We noted that the home was meeting its obligation to notify CQC of incidents or concerns of this nature.

There were policies and procedures in place which related to employment issues, such as health and safety at work, grievance and disciplinary procedures, confidentiality and data protection.

Personalised risk assessments had been completed for various aspects of people's care, such as moving and handling, pressure relief and mobility and these were reviewed regularly. The risk assessments gave staff the information they needed to safely manage these risks.

Medication was correctly administered and recorded at the home. The medication administration records (MARs) and had been appropriately completed and stored and medication stocks were accurately accounted for. One person told us, "The staff do it [medication administration] very kindly when they give you your medicines and tablets". This included administering and recording, 'as required' (PRN) medication. Another person said," I just ask if I need pain medication".

We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support them. Their competency to administer medication was assessed annually and the registered manager carried out monthly audits to ensure medication was being safely administered, stored and recorded. The home used a red bag to ensure that medication was correctly transported if the person was moved to another place, for example, to a hospital.
Accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred. Appropriate action had been taken in response to those incidents that had occurred. We also noted that this information was reviewed to help identify any emerging patterns or trends that needed addressing.

During our inspection the home was visibly clean and free from unpleasant odours. We saw that there were effective infection control procedures in place. Staff we spoke with could tell us how they ensured they followed best practice guidance around infection prevention. We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care or serving food. This meant that staff and people were protected from the risk of infection being spread.

Housekeeping staff ensured that cleanliness was maintained. One person said, "The home is very nicely cleaned; my room's very clean" and another said, "My room's brilliantly clean" and a visitor told us, "[Our relative's] room is always spotless and their bed is always getting stripped. There are never any smells; it always smells nice here".

Good

Is the service effective?

Our findings

At our inspection in August 2018 we found that the home was in breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014, because the home had failed to appropriately obtain people's consent to their care and it had not acted in line with the Mental Capacity Act 2005 when people lacked capacity to consent. During this inspection we saw that this had been addressed and the home was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 and found that it was. People's mental capacity had been appropriately assessed where required and appropriate DoLS applications made to the local authority. These were reviewed and updated as necessary.

We saw that people were asked for their consent before any support was given or activity undertaken. Staff knocked on people's doors, for example, to get permission to enter. One relative told us that staff never assumed that people needed anything, they said they always asked first. Other examples of people's consent being requested was that their consent was sought before their medication was administered and that people had been asked for consent to have their photographs taken, to be placed on to their files for ease of identification.

People told us that staff supported them to maintain their health and wellbeing, such as accessing relevant other health care professionals when necessary. For example, we saw that referrals had been made to dieticians, geriatricians, opticians and dentists for people in the home.

All new staff completed an induction programme at the start of their employment. This included a three-month probation period in which staff completed the providers mandatory training, had competency assessments and had an introduction to the providers policies and procedures. They had regular supervisions with the registered manager before being signed off as a permanent member of staff. Staff completed a range of courses available on 'Social Care TV', as appropriate to their role.
All staff had received training relevant to their roles and the staff we spoke with gave positive feedback about training provided by the home. This included manual handling, safe handling of medications, safeguarding, mental capacity, infection control, equality and diversity and dementia awareness, stroke

awareness and end of life care. Updated training had also been completed by most staff. Many were qualified to either level two or three of the national vocational qualification (NVQ). One person said, "The staff are definitely well trained". A relative said," The staff are well trained; I have no doubts about these girls. I've seen them moving people in hoists and they talk to people all the way when they're moving, make a little joke of it maybe, and make them feel safe".

Staff were well-supported with regular supervisions and annual appraisals. There were regular staff meetings which conveyed information and gave staff an opportunity to talk to management in a group setting. Staff told us that they felt supported in their roles and all other staff, including the registered manager and deputy manager, were approachable and helpful.

People had good access to health and social care, such as doctors, opticians and dentists. One person told us, "The staff noticed a health problem and they got the doctor right away; I didn't have to ask for one. The doctor has arranged for the district nurse to come twice a week and I've got antibiotics. I think it's fabulous, the care here". A relative said, "We are now being told if the GP has been, or the dietician is coming. We didn't used to get told, even when [our relative] was ill, although they did always get the doctor out if they were needed. Now we're kept informed all the way. We recently had information immediately when one of the staff found that our relative had an infection, for instance".

Most of the people we spoke with told us they enjoyed the food and drink provided by the home. One person told us, "The food suits me fine. They're [Staff] kind when you're not feeling well and they adjust the food for you". We saw that meals were freshly prepared each day and people were given a choice of nutritious foods to help them to maintain a healthy and balanced diet. A second person told us, "I think the choice of food is alright and it's all cooked here. You can ask for something else if you don't want what's on. My only complaint is that there's too much food on your plate!" We sampled the food and found it to be tasty and hot. Relevant information regarding anyone who required special diets, such as diabetic, fortified or soft diets, was available in the kitchen for guidance. The kitchen had been awarded a rating of four, for their food hygiene standard. The chef told us that they were hoping for a revisit shortly when they were hoping to get the rating of five
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Records showed that people were being supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff. There were no hydration stations throughout the home, however, people were offered drinks frequently during the day and could ask for drinks when they wished to. We saw that people had jugs of juice or water in their rooms. We heard staff prompt people to have a drink or some food. One staff member said, "You've still got something left [Name], don't forget to drink it". Another staff member prompted one person and encouraged them, saying, "Here you are, some lovely pudding. Would you like some?"

We were told that 'food moulds' were being considered for people who had pureed food. Food moulds allowed pureed food to be served as separate items on a plate and created a visually realistic and informative shape of food, such as the shape of a carrot or broccoli, or of a chicken leg. Food moulds had been shown to encourage people to eat and to enable them to demonstrate their preferences when selecting foods.

We saw that people had been able to personalise their rooms with their own pictures, items and furniture.

Most of the home had now been refurbished and redecorated. Flooring had been replaced in many areas. There were some dementia friendly adaptations at the home, such as good contrast in colour between the flooring and the wall colouring of the communal corridors; however, the walls were of neutral colour and

there was little identification of doors or other signage. The corridors were wide and long and some on the first floor, had occasional slight changes in levels. There were no handrails or change of level signs in the corridors in the home. The registered manager told us that handrails had been due to be installed in November 2018 but due to unforeseen circumstances had been delayed. They told us that no accidents had been reported, due to these concerns. However, the registered manager agreed to chase up the installation of handrails and that they would consider the research into dementia friendly environments and implement that appropriately.

The home used assistive technology where possible. This included alarm sensors on exit fire doors, and various sensor items for people's rooms such as sensor mats. A relative said, "They have pressure mats by the bed and in their chair in case they move; if they're at risk of falling".

Good

Is the service caring?

Our findings

People told us the staff were caring and friendly. One person commented, "The staff are kind, polite and helpful; what more could you ask? They have time to listen. If they have to go off to help someone else they apologise and explain. You can't get better than that". Another person told us, "The staff are all brilliant. They are on their toes all the time. If I told them I couldn't manage a wash, for example, they'd help me". A relative told us, "I know she is cared for". Another relative told us," The staff have always got time to speak to [my relative]".

People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans, such as age, disability, preferences, cultural needs and religion. We found that staff knew the people they supported at the home and some positive and caring relationships had developed. Staff could tell us about the people they supported, including things they liked to eat, drink and do along with the type of care and support they needed. One person commented, "They are wonderful, all of them".

We observed caring interactions between staff and people living at the home throughout our inspection. For example, we saw one staff member stop to talk with somebody who looked confused about their surroundings. It was obvious in the way that staff spoke with this person that they knew them well and were experienced in supporting this person. Another person was keen on rock music and enjoyed playing it in the lounge. We heard several staff banter with this person about the choice of music. This person obviously enjoyed the banter and happily joined in.

People and their visitors told us that staff respected and supported them to be as independent as possible. For example, people made their own choices about when to get up in the morning and when to go to bed at night and what to dress in. One person said, "I do whatever I want to. There's no problem". A relative told us, "The staff are all nice and friendly and will always respond to people if they're needed. They have a good approach; they'll sit down and talk to [our relative], who loves them all! We can't fault the respect shown to people. If you tell carers that [our relative] has had an 'accident', someone comes straight away. People are never left sitting in wet or soiled clothing".

We saw people moving throughout the home at various times. People could eat and drink when they wanted to and staff supported them to do this. We saw that staff talked to people appropriately, adjusting the tone and volume of voice according to the needs of the person. They gave them time to take in the information and to respond to it.

People and their relatives told us that staff respected their privacy and treated them with dignity and respect. We saw that staff knocked on people's room door and waited for them to answer before entering. We noted that staff used respectful and caring language when communicating with people. A visitor told us, "I've seen staff adjust people's clothing and for one person they arranged for them to wear leggings under their skirt, to help with maintaining privacy and dignity".

Noticeboards contained information about respect and dignity and some staff were 'dignity champions'. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

All staff had received training on equality and diversity. We saw from people's care plans and the staff we spoke with that the home treated people as individuals with individual needs. For example, the home considered people's personal histories and any religious and cultural preferences. The relatives we spoke with told us that the home provided care and support which reflected people's needs and preferences and that the staff group's approach was consistently non-discriminatory.

We found that people's confidential information, such as care plans, was stored securely at the home's office and only people who required access could have it.
People had access to advocacy services where required. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. We spoke with the manager who was aware of how to make referrals for advocacy support for people where required.

Good

Is the service responsive?

Our findings

One person said, "We all had a meeting; my relatives, the carers, me, to talk about what I wanted".

People's needs were effectively assessed before they were supported by the home. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment was developed to be more detailed in the care plans and risk assessments.

People's care plans clearly identified each type of support need, the associated aim or outcome desired and information about how staff could support the person to achieve this.

The records we saw demonstrated that each care plan was individual to the person it was about.

People living at the home had person centred care plans and risk assessments. We found the information in people's care plans was clear and concise. This meant that staff who were new to the home or agency staff could quickly understand people's care and support needs. The care plans we looked at were regularly reviewed by staff and where possible and appropriate, the people, their relatives and other relevant health professionals were involved in the process of reviewing this information.

People's care plans gave staff clear information on how to support people with any communication needs, for example, ensuring people who wore hearing aids or glasses were supported to wear them. This demonstrated that the home was acting in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly-funded care to ensure people with a disability or sensory loss can access and understand information they are given. We also saw that information was available in other formats for people to use and read, such as pictorial, large print, other languages than English or Braille.

There was a part time activities coordinator (four days per week) who arranged a variety of activities for the people who lived in St George's. The activities we saw scheduled included arts and crafts, chair exercises, days out and quizzes. External activities or entertainment were brought in, such as an entertainer. People told us that they were able to be escorted to church services, go on outings and trips to have the hairdresser.

People were supported to make choices about what they did and how they spent their time. For example, we saw that people could stay in their rooms if they wished. One person told us, "Whatever time you wake up, the staff come in and they make your bed, empty the commode and you can come in [the lounge] and have a cup of tea, then you get your breakfast. If you don't want it in the dining room, you can have it in your own room". Another person said, "I have showers here when I want". A visitor said, [My relative] has showers as needed and a complete wash in between showers".

Staff supported people to go out with their relatives. One person told us, "The staff get to know you. They all know me as [Name] and that I'm a mad keen football supporter. They come and asked me about what I

used to do when I worked and chatted about that. I go out with my relatives to the football, bowls and darts".

The home had a complaints policy and procedure in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible. Most of the people we spoke with told us they have never had any need to make a complaint. A relative told us that, "We deal with issues as they come along and they are mainly resolved". Another relative told us, "I've never had to complain but if I did I would speak to [Name]". We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

Two people living at the home were receiving end of life care at the time of our inspection. Records showed that people were asked about their preferences and choices at the end of their life and this was clearly recorded in people's care records. We saw people's wishes on whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive had been sought and documented appropriately on a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form. We noted that the home had good links with other relevant health professionals to ensure people's end of life care needs were effectively met and noted that several staff had received end of life training.

Good

Is the service well-led?

Our findings

At our inspection in August 2018 we found that the home had remained in breach of regulations 11 (consent) and 12 (safe care and treatment) and 20a, (display of ratings), and was therefore in breach of regulations 17 (well-led) of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the home had displayed its ratings appropriately (20a) and that it had addressed the breaches of regulations 11 and 12 and was no longer in breach of regulation 17.

People we spoke with and their relatives felt the home was well-led. One person said, "[The management] are lovely, really nice".

The home required and had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home had clear lines of accountability and there was now a stable management team in place. The provider had commissioned the services of a care consultancy to support the improvements needed which had been identified at our previous inspections. It was clear that over the last 12 months the home had gradually improved satisfactorily and consistently. We were confident that this improvement would be maintained with the current management structure and by the management personnel. We found the registered manager and all the staff to be open and transparent. They were helpful and engaging and provided us with all the information that we requested. The registered manager was supported by administrative staff who between them ensured that the home ran smoothly.

The registered manager was at the home throughout each week and at various times of the day and night. People told us they knew who they were. One person said, I don't see much of [Name] but I know who they are. A relative told us, "[Name of manager] is always in and out, around the home. They have got time for you if you've got any problems. A second relative said, "The manager is called [name]. We were invited into their office to speak to them recently". This meant that the registered manager had good oversight of the safety and quality of care being provided.

People and visitors to the home all knew who the registered manager was as they frequently moved around through the home and were a visible presence. Staff told us that the registered manager had an open-door policy which enabled them to share any urgent issues or concerns straight away. They told us that they were supportive. The staff we spoke with felt there was good morale and teamwork at the home and that all staff supported each other when they needed help.

One person said, "If I had to go to a home permanently, I'd come here very happily. I've no complaints whatsoever". Another told us, "There have been a lot of improvements. There's been a lot of decorating done and there are more staff around now. I've been here a couple of years and I'm happy". A relative said, "There have been a lot of changes recently, for the better and there's more going on for people. I think it's

excellent and I can't say more than that" and another relative told us, "The home had definitely improved. There are improved staffing levels, especially at teatime. There are more activities and entertainment, which was one of the things we'd said we wanted to see. We have seen big improvements in communication and we have told the manager this has improved".

The home had good community links including attending community-based organisations such as schools and churches. People both visited these and students and members of the churches visited people who lived in the home.

Records showed that the registered manager held regular staff meetings. These meetings were documented and provided staff with the opportunity to receive and share any important information. Staff told us that they had appreciated these and that they were an opportunity for both staff and management to share information.

Residents meetings were held periodically. One relative told us, "There are meetings and the staff tell you what it's all about, like they were going to build an extension. They do questionnaires with you, ask your opinions sometimes. I think the person who came around from the consultancy company hit the nail on the head and got to the bottom of what needed doing. They asked us what we thought too". Another relative said, "We have had a questionnaire about how the home is run. Generally, we are a lot happier and can see the home has really improved".

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the home. We saw that the home had notified the CQC of all significant events which had occurred in line with their legal obligations.

The registered manager had a range of regular audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to care plan audits.

The home had a policies and procedures in place that staff could access if they needed any guidance. These included policies on safeguarding, medication administration, whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.