East Anglia Care Homes Limited

Halvergate House

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

We carried out a comprehensive inspection of Halvergate House on 16 and 17 January 2016. We found breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during that inspection. These breaches were in relation to people's nutrition and hydration, treating people with dignity and respect and good governance of the service.

We undertook this unannounced comprehensive inspection on 17 and 18 October 2017 to look at all aspects of the service and to check that the provider had made improvements and that the service now met legal requirements. At this inspection, we found improvements had been made in the required areas and the provider was no longer in breach of the regulations.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Halvergate House' on our website at www.cqc.org.uk

Halvergate House is registered to provide accommodation for up to 50 people who require nursing and personal care, some of whom may be living with dementia. At the time of our inspection, 38 people were living at the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staff knew how to keep people safe from abuse. Staff were confident that if they had any concerns they would be addressed quickly by the registered manager. Risks to people had been assessed and regularly reviewed. Actions had been taken to mitigate these where necessary. Checks had been made on the environment to ensure the service was safe. Equipment to support people with their mobility, such as hoists had been checked to ensure people were safe.

There were enough staff to ensure people were safe and had their needs met in a timely way. Medicines were stored safely, people received their medicines when they needed them.

Staff received training to make sure they had the skills and knowledge to carry out their roles. Specialist training such as diabetes and supporting people living with dementia had been completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interests meetings had been held and recorded. Staff encouraged people to make decisions about their day-to-day care and remain as independent as possible.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff spent time with people and were genuinely interested in them and what they wanted to say. Staff explained how they maintained people's dignity and how they encouraged choice.

There was a programme of activities available for people to enjoy. Care plans were detailed and had been reviewed regularly and up dated to reflect people's changing needs.

Information about how to complain was on display in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on.

Audits were in place to monitor the quality of the service people received. When improvements or developments were identified, action was taken to address and implement these. The registered manager reviewed the recorded accident and incidents. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

Staff told us that they felt supported by the registered manager and that the service was a good place to work. Staff understood their roles and responsibilities and treated people with dignity and respect.

Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted and there were no restriction to this. People and their relatives received regular surveys to enable them to voice their opinions of the service and these were acted on. Staff and relatives meetings were held regularly.

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. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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.

There was a sufficient number of appropriately trained staff who were sufficiently knowledgeable about procedures to keep people safely cared for.

Only staff that had been deemed suitable to work with people living at the service were employed.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by staff who had been assessed to be competent.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of each person. Staff received on-going training and development so they had the right level of skills and knowledge to provide effective care to people.

Staff ensured care was provided in ways that respected people's rights, and people were helped to make decisions for them.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

People's care was provided with warmth and compassion and in a way that respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

Staff promoted people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan, which centred on them and their wishes. People told us they had been involved in planning their care if they wanted to be. Care plans were reviewed regularly.

There was a range of activities on offer for people to enjoy.

People knew how to complain. Complaints received had been responded to and resolved in a timely manner.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were asked their views on the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Effective audits were completed. Actions were taken when shortfalls were identified. The managers had a continuous development plan for the service.

Notifications had been submitted to the Care Quality Commission in line with guidance.

Halvergate House

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 unannounced inspection took place on 17 and 18 October 2017. On the first day of our inspection this was carried out by two inspectors and an expert by experience. On the second day, one inspector visited the service. An expert by experience is someone who has experience of using or supporting someone who uses this type of service.

Before our inspection, we looked at information we held about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law. Before the inspection, 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. We spoke with professionals from the local authority and clinical commissioning groups who had regular contact with the service.

During the inspection, we spoke with five people living in the service and five relatives. We also spoke with the registered manager, two registered nurses, four members of care staff, the cook and the provider's regional operations manager. We also spoke with external consultants that had been commissioned to provide support to the registered manager and improve the quality of service provided at the service. We observed how people were being looked after. In addition, we also 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 looked at five people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

Good

Is the service safe?

Our findings

At our previous comprehensive inspection on 16 and 17 August 2016, we found that there were not enough staff to meet peoples' needs and ensure their safety. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

People we spoke with told us that they felt safe. One person who lived with their partner at the service told us, "I am absolutely safe here. Everything is perfect for us. We have been here for the last 18 months and we feel everything is perfect for us. The staff are very good at turning up if we need them to help us." Their partner confirmed this by telling us, "I am very comfortable here and I have no concerns about our safety at all. They are always about in case we need anything." Another person said, "I do think my [relative] is safe here. I was worried when [they] had a period of change in [their] behaviour. I thought [the registered manager] may ask us to find another service. But with the doctor's help and new medication he is much improved."

People and their relatives that we spoke with told us they felt that there were enough staff to meet their needs. One person told us, "…..I have never had any reason to be concerned. They [staff] are pretty good if I press my buzzer, at coming and helping me, which is important as I am bed bound." The registered manager told us that, since our last inspection, where we identified concerns regarding the number of staff, staffing ratios had been reviewed. As a result of the review, staffing levels had been increased. Staff we spoke with told us that this had improved the quality of service provided at the service, and now felt that staffing levels were correct. We saw that requests for assistance from people, either verbally or by using a call bell, were responded to in a timely way. One person told us, "They are pretty good at turning up quickly when I press the button." People said that this made them feel safe.

The registered manager told us that the service was fully staffed. Gaps in the care staff rota due to annual leave or ill health were covered by the service's own staff. Where needed, agency nursing staff was provided through an agency if the services own registered nurses were not able to do this. The staff rota records we checked confirmed that the assessed levels of staffing were provided on all occasions.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included completing an application form, a criminal records check and references. A review of the personnel records showed all checks were completed before staff commenced working in the service. This meant that only staff that were checked as being suitable were employed to work at the service.

Staff we spoke with knew how to keep people safe and were aware of their roles and responsibilities in reporting any concerns or incidents. They told us this could be to their manager or to external safeguarding agencies such as the police or the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us how to recognise indicators of abuse. Minutes of staff meetings showed saw that safeguarding of people was discussed as a regular agenda item. The registered manager

had reported any incidents of alleged abuse to the local authority safeguarding team, and had notified the Care Quality Commission (CQC). We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

People's risks were assessed and these were managed to reduce the level of risk where possible. This included people's risks of falling, poor eating and drinking and developing pressure areas. Staff had a good understanding of risks to people and took actions to reduce these, for example reminding people to use their walking frames. The service used an electronic records system to store and input information about the care people needed, and their well-being. We saw this information was updated regularly, and reviews took place following an incident or a change in a person's needs. This meant that we were confident that staff knew how to manage people's risks.

We saw that risks associated with the premises were well managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This
helped ensure that the service was a safe place to live, visit and work in.

Records showed that people were receiving their medicines as prescribed and changes to people's medicines were properly documented. There were frequent checks and audits in place to enable staff to monitor and account for medicines and to ensure there were sufficient medicine supplies. People living at the service told us they received their medicines at prescribed times and when they needed them without delay. One person said, "They are excellent at making sure that we get our tablets on time and they make sure we take them."

We noted supporting information was available when medicines were given to people to enable staff handling and giving people their medicines to do so safely and consistently. There was personal identification, information about known allergies/medicine sensitivities and written information about how they preferred to have their medicines given to them. When people were prescribed medicines on an "as and when" required basis, there was written information available to show staff how and when to give people medicines prescribed in this way. Charts were in place to record the application and removal of prescribed skin patches. The registered manager conducted frequent planned and unplanned checks on the safe storage of people's medicines, and the records relating to this.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection on 16 and 17 August 2016, we found that people did not consistently receive the support they needed to eat and drink at the time they required it. People were left waiting for long periods because there was not enough staff available to do this. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During that inspection, we rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and the service was no longer in breach of this regulation. We have now rated this key question as 'Good'.

People told us that they enjoyed the food and that they had a choice of meal. One person told us, "Our meals are out of this world the chef is really good." A relative we spoke with said, "The food is pretty good and [my relative] can get extra sandwiches when [they] wants more food."

People were assisted with eating their meal by staff where required and suitable equipment was available to aid this, such as plate guards and adapted cutlery. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal. Weekly menus were planned and rotated every four weeks. The daily menu was displayed on a menu board in the dining area. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising, and all meals were prepared daily from fresh ingredients. We observed that refreshments and snacks were offered throughout the day. These consisted of hot and cold drinks and a variety of cakes and biscuits.

People's eating and drinking support needs had been assessed and we saw that where people required pureed meals to minimise their risk of choking, this was provided. We spoke with the cook who told us that they worked closely with the nursing staff to implement any changes required to a person's diet. We saw that they kept detailed records of specific individual needs, and that all catering staff could access this when needed. The registered manager had implemented individual placemats for people to use, which had discreet information on the back about any equipment they needed or risks to them when eating or drinking. This was so staff who were new or not familiar with the person could access this easily.

People's dietary needs were monitored, nutritional assessments were completed, reviewed and people's monthly weight records recorded. The registered manager told us that, if any concerns were identified, advice from the person's GP and a dietician were sought where necessary. This demonstrated to us that the staff monitored and understood what helped to maintain people's dietary needs.

People and their relatives told us that they felt staff were well trained and knew how to support people. One person told us, "The staff certainly know how to help me. They now manage to get me into the shower in my wheelchair, which I get twice a week. They know me now and how things need to done." Another person told us, "I think they know what they are doing. I certainly feel comfortable." A relative of a person we spoke with said, "The staff here most certainly know what they are doing. That makes it so pleasant for my

[relative]. They have always got a smile on their faces and they always make sure [they are] alright."

All of the staff we spoke with told us they received regular training and records we saw confirmed this. Recently recruited staff shadowed staff that were more experienced so that they could confidently carry out care tasks. There was an induction programme in place, which included completion of the care certificate. The care certificate is a nationally recognised qualification for staff new to working in care. Staff's competency to perform their role had also been checked. Staff told us that they had regular supervision and an annual appraisal. They said that these sessions were supportive and helpful in developing their skills. We saw that training sessions had been arranged for staff to update their skills. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work.

Staff employed as registered nurses received regular training in the clinical tasks that they were required to perform. They also received continual professional development from the registered manager who was also a registered nurse. This ensured that registered nurses were kept up to date with any changes in current nursing practice. The registered manager and deputy manager had recently attended an external residential training course in delivering activities that were beneficial for people living with dementia. The registered manager also told us that the registered provider was supportive and encouraging to them in developing their skills and knowledge.

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

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. We noted that where required, people had a mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. People living at the service told us that staff asked them for permission before providing them with support. Our observations confirmed this. For example, when people needed support to move in their wheelchair, staff checked with people beforehand to see if they were happy with this. This demonstrated to us that staff understood the need for people to consent and agree to the support they offered.

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person told us, "I have good access to the doctor who gives me regular check-ups for my condition." Records showed people were registered with a GP and received care and support from other professionals, such as the district nursing team, as necessary. People and their relatives told us that the registered manager and staff kept them up to date about any

health issues. One relative told us, "If my [relative] needs to see the doctor then they will call them."

Good

Is the service caring?

Our findings

At our previous comprehensive inspection on 16 and 17 August 2016, we found that not all people living at Halvergate House were treated with dignity and respect. This meant there had been a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and the service was no longer in breach of this regulation. We have now rated this key question as 'Good'.

People we spoke with all told us they felt well cared for, one person told us, "The care here is just right. Some of the best carers work here and they are so thoughtful. They always give me hug when I need one. The care is very personal. They're all so polite when they speak with you and you never hear a raised voice." Another person told us, "The care I get here is first rate and I can't fault it. They always think about how I feel. They always speak nicely to me and try to keep me cheery. Given my condition, I can't do much which does limit me. My care was organised by the hospital and they chat to me about any changes I might need."

Throughout our inspection, we saw positive interactions between the staff and the people using the service. Staff responded to people in a calm and reassuring manner. A relative told us, "The care my [relative] gets is very good. Given [their] condition, they treat [them] with real compassion, but still have time to have a laugh and a joke with [them], which [they] really appreciates. I planned [their] care package and we have regular reviews to make sure it matches [their] needs." Another relative said, "The care my [relative] gets here is first rate. They always put [them] first and are always very patient with [them] and always use [their] first name. They have a really good relationship. [They try] to join in with things and we get a chance to go out on trips. Last year we went to the End of the Pier Show in Cromer which we really enjoyed."

We saw that people's requests for support were quickly responded to. Staff asked people how they could help in a polite respectful manner and reassured them that nothing was too much trouble. People told us that they felt comfortable asking for support because staff always responded to them so positively. We observed that staff approached people in a warm and friendly manner, greeting people and asking them how they were.

We saw that some people had been involved in the planning of their care. For example, people's preferences about their likes or dislikes were included in care plans. People's choices about what time they got up or went to bed had been discussed with them. Where people were not able to participate in those conversations, we could see that their relatives had been asked on their behalf.

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. Two relatives told us that they were involved in discussions and reviews about their family member's care. They confirmed that staff were very good at keeping them updated on their relative's health and care and support needs.

Staff we spoke with were able to tell us how they supported people to maintain their independence and knew about people's individual preferences. We observed during the lunchtime meal that staff encouraged

people to be independent with gentle prompts and reminders.

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner, which promoted people's independence as much as possible. Staff engaged meaningfully with people. For example, they participated and helped with an activity in a communal lounge. We spoke with an external consultant, who had been commissioned by the local authority to drive up quality in registered care services. They told us that they had worked closely with the registered manager, who had been enthusiastic in improving the quality of care in this area. Working alongside the registered manager, they had delivered workshops to staff and implemented management walk rounds to identify the impact of this training. This included audits of the dining room experience for people. Where individual staff needed further development in this area of their practice, this was identified through these observations, and extra support was provided.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. Relatives that we spoke with were very positive about the care their family member received. We observed staff treating people with respect and being discreet in relation to their personal care needs. People were appropriately dressed, assisted, and prompted with any personal care they needed in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed. People and their relatives said they were able to visit the service without any restrictions.

Halvergate House provided support to people who are at the end of their lives. The registered manager oversaw the delivery of this service, which was accredited with the 'six steps end of life pathway programme.' This is the nationally recognised standard for best practice in caring for people at the end of their lives. Nursing staff had undertaken specialist training to deliver this care.

We saw that people were supported to make plans and advanced decisions about how they wished to be cared for at the end of their lives. People's families were included and supported through this process. Regular reviews of these plans were made as people's health deteriorated. The registered manager told us that they worked closely with the local palliative specialist care nurse and GPs to ensure that any transition of care was well planned and as dignified as possible. We saw a letter of compliment from the palliative care nurse sent to the service, in which they detailed the high quality care they provided to people at the end of their lives.

The registered manager and staff told us that throughout this time for people, it was essential to provide flexible and dignified care to people. They explained that relatives could stay as often as they liked, and that they were provided with meals and emotional support. We saw cards and letters had been sent to the service, which thanked staff for the care they had given to people at the end of their lives and support for their families.

Good

Is the service responsive?

Our findings

At our previous comprehensive inspection in August 2016, we found that not all people living at Halvergate House received care that met their needs or reflected their preferences. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

People told us that an initial assessment of their care and support needs was carried out prior to them coming to live at the service. This ensured as much as possible, that the service could meet each person's needs. People said that they felt they were treated as individuals. One person said, "[The staff] do know what I like and what I don't like. They are very good like that." Another person told us, "[The staff] do know what I like. There is a new chef in charge and there has been a great deal of change in the meals. There was not much imagination before. I have no complaints. We have a recent survey which was about the food we get." Relatives we spoke to were all very positive about how their loved ones needs were assessed and met. One told us, "[The staff] certainly know what my [relative's] likes and how [they] likes things done. When [they] eat [their] meals [they] like to feed [themselves] until [they] want someone to help. This is really nice and makes [them] feel that [they haven't] changed. We have no complaints, everything is just right. We have had some surveys, which we have filled in."

The registered manager told us that people's care plans had been transferred to an electronic format. They told us that this took place to improve how people's records were stored, accessed by staff and updated when any changes were required. There was sufficient information for staff to be able to provide people with the care they needed. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them.

Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met.

People said the planned activities in the service were good, varied and that they were supported to take part in interests that were important to them throughout the day. Examples included board games, art and crafts and quizzes. Professional entertainers were also arranged to perform for people living at the service, and were popular and well received events. One person said, "We can go out if we want to and we like the activities that they have on here." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished. People told us that they were free to choose whether they wanted to be involved in activities or not.

There was member of staff responsible for organising the activities in the service. They produced a calendar of events so that people would know about forthcoming events. We saw these displayed around the service. As a result of feedback about activities and the frequency of them, the service had recently employed a second person in this role. This meant there had been an increase in the amount of, and the variety of,

activities on offer. We also saw that staff were encouraged to be part of the activities programme.

People's religious and cultural needs and preferences were recorded and respected. Regular church services were held including holy communion and people were supported to follow their chosen beliefs.

The complaints policy was displayed in the front hall, and a copy of this was given to people when they moved into the service. The policy included timescales and the response they should expect. For example, it described how their complaint would be acknowledged and what would happen next. People and relatives we spoke with told us that the registered manager and staff at the service dealt with any concerns they had raised to their satisfaction. One person told us, "I have no reason to complain, everything is just right for me." Relatives we spoke with confirmed that if they had ever needed to raise an issue or a concern the staff and the registered manager always promptly dealt with it.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection on 16 and 17 August 2016, we found that systems to monitor and ensure the quality of the service were not effective. There had not been a registered manager in post for more than 12 months. This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and the service was no longer in breach of this regulation. We have now rated this key question as 'Good'.

The service now had a manager that was registered with the Care Quality Commission (CQC). They had implemented systems to monitor and mitigate the risks relating to the health and welfare of people. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Audits were carried out both weekly and monthly in areas such as medicines, care plans, health and safety, infection control, fire safety, and equipment. We saw that the auditing process was effective in identifying any gaps or shortfalls that had occurred.

The provider's regional operations manager visited the service regularly to assess the quality of care. Their role was to visit the service to review all aspects of the care provision, and identify any areas for improvement. The current post holder had only recently started employment for the provider, but had already developed a service improvement plan from their initial view of the service. These had been shared with the registered manager, who was jointly working with them to develop a plan for the implementation of these improvements. This included areas such as redecoration, new equipment and staff development.

Staff recorded accidents and incidents within the service. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, this helped to ensure the wellbeing of each person. The registered manager reviewed this information to look for any trends or patterns, for example, what time of day the event happened or if it took place in a particular location. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals, for example the falls team. If required, the registered manager had notified the Care Quality Commission.

Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use. The registered provider carried out their own annual internal quality audits, including health and safety audits, in line with their own policies and procedures. The registered manager monitored these checks, and took actions to address any shortfalls.

People and their relatives told us that they felt that the service was well managed. One person living at the service with their partner told us, "We are very happy here and the home is well managed and with the numbers of staff increasing, things are getting even better. We now have regular coffee mornings which bring local people in which is really nice." Another person told us, "I am really happy here…... The home is well managed and it's one big family for the manager." A relative told us, "My [relative] is really happy here

and I am happy that is the case. The manager is really lovely and you feel that you can talk to him and the other staff. The home is well managed."

Staff told us that the registered manager was supportive and approachable. Staff we spoke with said that morale was good and they worked well as a team. The registered manager was visible at the service on a day-to-day basis and available at weekends and in the evenings to offer advice and support to staff. They had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. Relatives knew the registered manager by name.

Staff were encouraged to question practice and to voice their opinions to improve the quality of the service. Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the management team listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings, such as the deployment of staff, night staff duties, staff breaks, laundry etc. We observed shift handovers, which ensured that staff were kept up to date with people's current needs. Staff told us that communication was good and they worked well as a team to ensure that people received the care they needed.

Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and managers. The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. They told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. People we spoke with told us that they received these and that changes were sometimes made following them. A recent example of this was after a survey on people's view of the food provided.

Staff told us they had been provided with information about whistleblowing. Whistleblowing is a way in which staff can raise any concerns to the management or recognised bodies, such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.