Embrace (UK) Limited

Bridge House

Inspection report

Topping Fold Road
Bury
Lancashire
BL9 7NQ

Tel: 01617641736
Website: www.europeancare.co.uk

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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 inspected Bridge House on the 23 and 24 November 2016. The first day of the inspection was unannounced. There were 24 people using the service at the time of the inspection.

We last inspected Bridge House on 3 September 2015 where we found there were three breaches of the Regulations of the Health and Social Care Act 2008. These were in relation to the unsafe management of medicines, risks in relation to people's health and well-being not always identified and sufficient staff not provided at all times to meet the needs of the people who used the service. During this inspection we found the previous breaches in the Regulations had been met.

Bridge House is presently registered to care for up to 40 people who require residential care. Due to one wing of the home having recently been demolished, the provider was in the process of applying to the Care Quality Commission (CQC) to vary the number of people they can be registered for. Bridge House is a large detached building situated in spacious grounds. Accommodation is provided on two floors and all bedrooms are single occupancy with an en-suite shower and toilet. There is level access to the front of the home, a lift to the first floor and wide corridors that enable wheelchair access. There is adequate parking in the grounds at the front of the home. The home is within easy reach of local shops, public transport and the motorway network. Bury Town Centre is only a short distance away.

The home had a manager registered with the CQC who was present on the day of the inspection. A registered manager is a person who has registered with the 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.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff were able to demonstrate their understanding of the whistle blowing procedures (the reporting of unsafe and/or poor practice).

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. A range of activities were provided and people who used the service told us they enjoyed the activities and looked forward to them.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to

help reduce or eliminate the risk. We saw that people were involved and consulted about the development of their care plans.

People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills and knowledge to care for them safely and properly. We saw that staff treated people with dignity, respect and patience.

Procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the home were secure, clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people who used the service, members of staff and visitors. Systems were in place for carrying out regular health and safety checks and equipment was serviced and maintained regularly. Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and water supply.

The medication system was safe and we saw how the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as resident/relative meetings for people to comment on the facilities of the service and the quality of the care provided.

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.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited.

Is the service caring?

Good

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

The staff showed they had a very good understanding of the needs of the people they were looking after.

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

A range of activities were provided and people who used the service told us they enjoyed the activities and looked forward to them.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Good

The service was well–led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the home.

Bridge 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, to check the previous breaches of the regulations had been complied with and to provide a rating for the service under the Care Act 2014.

We inspected Bridge House on the 23 and 24 November 2016. The first day of the inspection was unannounced. On the first day of the inspection the inspection team consisted of one adult social care 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. The expert-by-experience who assisted on the inspection had experience of caring for older people. On the second day of the inspection there was one adult social care inspector.

Before the inspection we contacted some of the healthcare professionals who provided funding for the care of some of the people who used the service. They informed us they had no concerns about the service.

Before our inspection we looked at the previous inspection report and notifications that were sent to us by the registered manager to inform us of any incidents and significant events.

During the inspection we spoke with six people who used the service, three relatives, the regional manager, the registered manager, the deputy manager, four care assistants, the chef, the kitchen assistant and the activities organiser.

We looked around all areas of the home, looked at how staff cared for and supported people, looked at food provision, three people's care records, eight medicine administration records and the medicine management system, three staff recruitment and training records and records about the management of the home.

Good

Is the service safe?

Our findings

Comments made to us showed that people felt safe. Their comments included; "Yes I feel safe. If I need anything, well I just go into the office and ask. No complaints from me, the staff are there if I need them" and "Yes I definitely feel safe now, stuff does not go missing. We have had a rough ride until the new manager came in" also "We can tell that [relative] feels safe here. When I brought [relative] back after a few hours at home [relative] just said, "Thank God I am here. My [relative] would not have said that if she did not feel safe."

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that most of the staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw the home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were familiar with the policy and knew how to escalate concerns within the service. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

During the last inspection we found that risks to people's health and well- being were not always identified. During this inspection we found that risks to people's health and well-being had been identified, such as poor nutrition, falls, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced.

We looked at all areas of the home. The bedrooms, dining room, lounges and corridors were well lit, clean and bright and there were no unpleasant odours. The wide corridors and handrails helped to ensure safe movement around the home. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors, the radiators were suitably protected with covers, pipework was enclosed and wardrobes were anchored to the wall.

Records showed risk assessments were in place for all areas of the home environment. The records also showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the home. We saw the fire risk assessment that had been undertaken in June 2016 identified areas of concern that needed to be actioned within a time frame of three months. We saw evidence to show that the action had been completed.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. To ensure they were easily accessible in the event of an emergency they were kept in a central file in the staff office in the 'grab bag'. The 'grab bag' contained relevant information, such as the contact details of key personnel and

services that would need to be involved in the event of an emergency evacuation .The bag also contained equipment such as a mobile phone, a torch and batteries, identity bands and high visibility vests.

We also saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers. Records showed that staff had received training in fire safety awareness.

Records we looked at showed that accidents and incidents had been recorded and they were reviewed regularly. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe.

We looked at the on-site laundry facilities. The laundry looked clean and well-organised. Hand-washing facilities and protective clothing of gloves and aprons were in place. We found there was sufficient equipment to ensure safe and effective laundering.

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection. We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste.

During the last inspection we found that sufficient staff were not provided at all times to meet the needs of the people who used the service. During this inspection we found that sufficient staff were provided, however we discussed with management the need to keep the staffing levels under constant review. This was because there were mixed comments about the staffing levels provided. Some people who used the service felt the staff were very busy and that was why they did not have as much time to sit and talk to them as they would have liked. Other people told us they were confident staff would attend to them if they needed assistance.

Staff we spoke with told us there were times when it would be good to have more staff on duty but overall they felt there was enough staff to meet people's needs. It was felt that if the numbers of people who used the service increased then more staff would be needed. We discussed the issues raised with the registered manager and the regional manager. We were told that if more staff were needed, due to either an increase in dependency or an increase in numbers of people who used the service, then more staff would be provided. We were told that it would not be a problem.

We asked the registered manager to tell us how they ensured their staff recruitment procedure protected the health and safety of people who used the service and that the people they employed were fit to do their job. We were shown the recruitment policy and procedure that was in place. It gave clear guidance on how staff were to be properly and safely recruited. We looked at three staff recruitment files .The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references.

Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who

are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked to see how the medicines were managed. During the last inspection we found the management of medicines was not safe. During this inspection we found the systems for the receipt, storage, administration and disposal of medicines were safe. We found that medicines, including controlled drugs (very strong medicines that may be misused), were stored securely. The medicines in current use were kept in a locked medicine trolley in a locked room. We were told the medicine keys were always kept with the person responsible for the management of medicines. Ensuring that only authorised people have access to medicines helps to prevent them from being taken by people they were not prescribed for.

Appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. We did see however that although medicines no longer needed were kept secure in a container that was kept in a locked cupboard in a locked room the container was not tamper-proof. We discussed this with the registered manager who told us they would contact the dispensing pharmacy to obtain a suitable container.

We checked the medicine administration records (MARs) of eight people who used the service. The records showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

People told us they received their medicines on time and when they needed them. One comment made was; "I know [relative] gets his medication and we do not worry about that".

We saw that several people were prescribed 'thickeners'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing, and they may help prevent choking. A discussion with staff showed they knew when the thickeners were to be given and how much was required for each person. Although instructions in relation to the amount of thickener were in place we discussed with the registered manager the possibility of ensuring that the written instructions for staff were more accessible and more specific; such as, instead of stating 'syrup' or 'custard' consistency it would be better to document how many scoops of the thickener to be added to the actual amount of fluid. The registered manager agreed that this would be a much safer way of ensuring the thickeners were mixed to the correct consistency.

We also saw that not all staff were recording when a prescribed thickener had been given. It is important that this information is recorded to ensure people are given their medicines consistently and as prescribed. The registered manager told us they would ensure that all staff recorded when they had given the prescribed thickeners.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "I like the way the staff help [relative]. We know [relative] is safe 24/7 and that is a relief for us. My sister and I must have looked at about 50 places. As soon as we walked in here it seemed so calm, the people who lived here seemed calm. The food is excellent here. My [relative] has put weight on. I stay sometimes for lunch, have a sandwich, it is really good" also "I feel they know what they are doing."

We looked to see how staff were supported to develop their knowledge and skills. We were shown the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who used the service, staff and visitors. We were told that induction was an on-going process over three months, longer if necessary and that staff were fully supervised until their competency to undertake their role had been assessed. Staff we spoke with confirmed this information was correct.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the written reports that were made available to staff on each shift.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The care staff we spoke with told us they had regular supervision sessions.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. The registered manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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, hospices and hospitals are 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 were being met.

What the registered manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

Records we looked at showed that 14 people who used the service were subjected to a DoLS. Records showed that the majority of staff had undertaken training in the MCA and DoLS. The registered manager told us that further training dates had been arranged for the rest of the staff.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. People we spoke with told us the food was, "Good.". People told us they could have extra drinks throughout the day but felt they did not need to because they had drinks with meals in addition to an afternoon and morning drink. Comments made were; "Yes I like the food. You get lovely chips. Chef asks us what we want in the morning for lunch and he always says, "Let me know if you do not like it" and "Well it is not the same as home, but it is alright" also, "It's lovely I really enjoy it". Following the lunchtime meal one person told us, "Mashed potatoes and steak, I loved that."

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. We looked at the menus and saw they were on a four week cycle and a choice of meal was always available. We were told that people had mainly cereals, porridge and toast with marmalade for breakfast but could also have a cooked breakfast if they wished. Staff told us that food was always available 'out of hours'.

A discussion with the chef showed they were knowledgeable about any special diets that people needed and had received training in dysphagia (difficulties with swallowing) and food allergies. They were also aware of how to fortify foods by the addition of butter and/or cream to help improve a person's nutrition. We saw that adapted crockery and cutlery was available. This helps to maximise people's safety, independence and dignity.

We saw that, following a food hygiene inspection in August 2016, the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. Records we looked at showed that following each meal staff completed records for the people who required monitoring of their food and fluid intake. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, speech and language therapists, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. The corridors were wide, well-lit and handrails were in place for support. Bedroom accommodation was provided on the ground and first floors and access was via the passenger lift or the stair lift.

Communal lounge areas were situated mainly on the ground floor and there were enough accessible bathrooms and toilets that were equipped with aids and adaptations. In addition each bedroom had its own en-suite toilet and shower. Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Each person had a special type of bed that helped staff position them more easily and had a pressure relieving mattress in place to promote comfort and help prevent pressure ulcers developing.

Good

Is the service caring?

Our findings

We asked relatives if they felt the staff were caring. Without exception all agreed they were. The positive comments received about the kindness and attitude of the staff included, "The staff are so caring. My [relatives] used to do a lot of walking. When it was my [relative's] 91st birthday the activity person took her to the garden centre. For her birthday they bought her a book on the Dolomite Mountains because they knew my [relatives] used to climb there. The staff made a cake to look like the Dolomite mountain, they even put little figures on the mountain; it was great. My [relative] is not the easiest of people to get on with but staff know how to approach her."

Also, "I love the way they [staff] interact with my [relative]. Always by a word or a touch. I know them all and they are lovely", "They are a really good caring bunch of staff here. We noticed that when we came in everyone was so friendly, that makes a huge difference to us. It is homely here, not clinical" and "The staff are kind, they support me to wash my hair and help me shower. They have brought in bobbles to put in my hair. They know I have always liked my hair to look nice." We were also told, "When my relative needs toileting and bathing they know how to make her feel she still has her dignity."

One relative told us they felt the staff were very good and very helpful but they were not sure their relative was showered as often as perhaps they should have been. The relative acknowledged that their relative was reluctant to be washed but still felt their personal care could be improved on.

We saw that people looked well cared for, were clean, appropriately dressed and well groomed. The atmosphere in the home was cheerful, calm and relaxed. We saw that people had a friendly rapport with the staff. The people we spoke with told us they chose the time they went to bed and the time they wanted to wake up in the morning and that the staff respected their wishes.

There were several lounges within the home. Having several lounges, as well as their own bedrooms, enabled people to sit and talk privately to each other or to their visitors. Bathrooms, toilets and bedrooms had overriding door locks and we saw that staff knocked and waited for an answer before entering. This was to ensure people had their privacy and dignity respected.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them. We were told the Roman Catholic ministers routinely visited the home to give Holy Communion.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told the staff at the home received good support from the district nurses and GPs and that

they could telephone the 24 hour advice line at the local hospice if necessary. We were told there was one staff member who had completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain-free death.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in a cupboard in the staff office that was kept locked when not in use.

Good

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "If I wake up in the night I just press my buzzer", "They do whatever they can to help you" and "The staff are busy but I like it when they come and talk to me about their families and the holidays they have had. I like the staff here very much."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained enough information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. They contained details of people's preferences around care and support, plus their likes and dislikes. The care records also contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling, poor nutrition or a risk of choking. We saw that the care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

Two visitors told us they had seen and had discussed their relative's care plan with the staff.

We asked the registered manager to tell us how, in the event of a person being transferred to hospital or another service, information about the person was relayed to the receiving service. We were told that in addition to a copy of their MAR sheet, a 'transfer information' document would be sent with them. This helps to ensure continuity of care.

The registered manager told us that an activities organiser was employed by the home for 16 to 20 hours a week. Staff told us they felt the activities organiser was good and enthusiastic. People who used the service told us they enjoyed the activities provided and looked forward to them. The activities provided were displayed on the notice board in the entrance hall. They included such things as; board games, arts and crafts and pampering. On the second day of the inspection we saw people being taken out in the home's mini- bus to a local garden centre for afternoon tea.

We saw people were provided with clear information about the procedure in place for handling complaints. A copy of the complaints procedure was displayed in the entrance hall. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. We had a discussion with the registered manager and the regional manager about the need to add the contact details of external agencies to the procedure such as; the local authority and the ombudsman. The regional manager told us this information would be added.

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log of any complaints made and the action taken to remedy the issues.

Good

Is the service well-led?

Our findings

The service had a registered manager who was present on the day of the inspection. A discussion with the registered manager showed they were clear about their aims and objectives for the service. This was to ensure the service was run in a way that supported the need for people to gain independence through the most effective quality care possible, be involved in decision making and respect their right to take informed risks.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that regular checks were undertaken on all aspects of the running of the home such as; infection control, the environment, medication and care plans. We saw that where improvements were needed action was identified, along with a timescale for completion.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that resident and relatives meetings were held monthly. Relatives we spoke with confirmed they had attended the meetings and told us they had found them helpful. They told us they were pleased that the staff had responded to their request at one meeting to have a further toilet installed on the ground floor. One comment made was, "It is nice for me to see [relative] with the other residents and me being part of it."

We were told satisfaction surveys were usually sent out on an annual basis, however, prior to the present registered manager being employed at the home, none had been sent out last year. We were told this omission was being addressed and satisfaction surveys would be made available for people to complete.

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff confirmed to us that regular staff meetings were held and staff told us they felt included and consulted with.

Staff spoke positively about working at the home They told us they felt valued and that management were very supportive and approachable. Comments made included; "The manager and the deputy are approachable" and "I have much more autonomy now, I can order the food and [the registered manager] just leaves me to it. She is very easy to talk to. I have been here eight years and I like it. The residents can tell me what they would like to eat on the day, I think that is good."

We spoke with a visiting professional who told us, "I have no concerns. The new manager is certainly an improvement. She is 'on to things' straightaway."

A relative told us, "It's much better since [registered manager] came. Now I spend more time with [relative] because I go straight to [registered manager] to ask how she has been. They let me bring her old neighbours to see her."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.