Sanctuary Care Limited

Riverlee Residential and Nursing Home

Inspection report

Franklin Close
Off John Penn Street, Greenwich
London
SE13 7QT

Tel: 02086947140
Website: www.sanctuary-care.co.uk/care-homes-london/riverlee-residential-and-nursing-home

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 and 9 February 2018 and was unannounced. Riverlee Residential and Nursing Home provides residential and nursing care for up to 75 older people over three floors and specialises in dementia care. 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.

At the time of our inspection there were 62 people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were caring and knowledgeable regarding the individual choices and preferences of people. However we observed some instances in which staff were more task focused.

We found the home was clean. We observed adjustments had been made in the home in response to people's specific needs and provided a dementia friendly environment.

People and their relatives informed us that they were satisfied with the care and services provided. On the day of our inspection we observed that people were well cared for and appropriately dressed. People said that they felt safe in the home and around staff. Relatives told us that they were confident that people were safe in the home.

People's care needs and potential risks to them were assessed. Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly by staff and were updated when people's needs changed.

There were sufficient numbers of staff to meet people's individual care needs. Staffing levels were assessed depending on people's needs and occupancy levels. There was a dependency tool in place to assist the home to allocate staff accordingly.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

Staff had been carefully recruited and provided with induction and training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from management.

There was a record of essential inspections and maintenance carried out in the home. The home had an infection control policy and measures were in place for infection control.

The home operated within the principles of the Mental Capacity Act 2005 (MCA). People are were supported to have choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home supported this practice.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. Food was freshly prepared and presented well. Details of special diets people required were clearly documented and accommodated for.

There was an activities programme in place for people to participate in. During the inspection, we observed some activities taking place. The home also arranged events for people such as Christmas/Easter parties, BBQs, birthday parties, sing a longs and themed events.

The home had carried out an annual resident's satisfaction survey in 2017 and the results from the survey was positive.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen. Complaints had been appropriately responded to in accordance with the home's policy.

The home had a clear management structure in place. Staff told us management was approachable and the home had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

There was a comprehensive quality assurance audit process in place. The home undertook a range of checks and audits of the quality of the home and took action to improve the home as a result.

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 and relatives we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good

Appropriate adjustments had been made in the home in response to people's specific needs.

Staff had completed training to enable them to care for people effectively and felt supported by management staff.

People were able to make their own choices and decisions and the home operated within the principles of the Mental Capacity Act 2005.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Requires Improvement

There were aspects of the service which were not caring. There was overall positive interaction between people and staff. However we observed there were some instances where staff were more task focused.

People were treated with respect and dignity.

Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people. People and relatives spoke positively about the events arranged by the home.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well-led.

People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with management staff.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Riverlee Residential and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the home under the Care Act 2014.

We undertook an unannounced inspection on 8 and 9 February 2018. The inspection team consisted of one inspector, a nurse specialist advisor, a medicines specialist advisor and two experts by experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home

Before we visited the home we checked the information that we held about the home and the home provider including notifications about significant incidents affecting the safety and wellbeing of people who used the home.

The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. The PIR also provides data about the organisation and home.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing

We spoke with 15 people and 14 relatives. We also spoke with five nurses, four care workers, activities co-ordinator, the chef, deputy manager and the regional manager.

We reviewed five people's care plans, eight staff files, training records and records relating to the management of the home such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe in the home. "I'm happy here" and "Yes, I'm safe here." Relatives told us "Yes, it's safe here and the staff are really caring and helpful" and "[Person] has got an aggressive side to them, and they know if they give [person] 15 – 20 minutes they are normally okay, and they do keep [person] safe".

People were protected from abuse. Staff received relevant training in how to safeguard people should abuse occur and knew what actions to take if they suspected abuse was happening. Staff spoke confidently about the actions they would take if they identified a concern and knew to follow the appropriate safeguarding or whistleblowing procedures. Where a safeguarding concern had been identified this was reported to the local authority and CQC and action taken to investigate this when needed. For example, there were concerns in relation to the management of falls for a person during the night. Records showed the service worked with the local authority and had taken appropriate and timely actions in response to the safeguarding concern.

Risks to people were identified and managed so that people were safe. Care plans included relevant risk assessments, such as falls, moving and handling, medicines and the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. A person was at risk of choking and required support with eating and drinking. Guidance for staff was clear and included the support required during meal times, the best position in order to eat and drink safely, the signs and symptoms of aspiration and the importance of well-presented, warm food.

Risk assessments were reviewed monthly and updated when there was a change in a person's condition. However we noted for one person who suffered from epilepsy and had regular seizures, there was no seizure protocol in place which detailed what staff should do if one occurred. We raised this with the deputy manager who took immediate action to produce a seizure protocol for the person during our inspection.

Risks to people developing pressure sores were managed well. Pressure ulcer risk assessments included the use of the Waterlow scoring tool were in place. The Waterlow scoring tool is used to give an estimated risk for the development of a pressure sore for a person. There were appropriate pressure sore prevention protocols in place and staff were aware of skin inspection, frequency of turning, turning charts and pressure-relieving equipment. For example for one person who was at risk of developing pressure ulcers, records in respect of this were reviewed regularly and gave clear instructions for staff on actions designed to minimise the risk of pressure ulcers developing. This included keeping skin clean and dry, the use of topical creams, observing for signs of skin damage and the importance of good nutritional intake.

People's safety was considered and lessons learned when accidents and incidents occurred to help keep them safe. Accidents and incidents were reviewed and analysed to identify themes or trends and action taken to minimise the risk of reoccurrence. There had been a number of falls in the home. To address this sensory equipment for people identified as being at high risk of falls had been installed and, there were ongoing reviews of the supervision required for each person at risk. Staff had received falls awareness training and there was ongoing support from relevant healthcare professionals when needed.

Medicines were stored, administered and disposed of safely. Medicines were stored securely in rooms which were locked with access for authorised staff only. Controlled drugs were stored appropriately and their use recorded..

Medicines were administered correctly and safely to people by staff who were trained to do so. We observed a nurse on the lunchtime medicine round. The nurse accurately followed the Medicines Administration (MAR) charts with proper attention paid to each person's special instructions for administration. The nurse was patient and attentive ensuring that medicines were taken especially when administering to some people who were living with advanced dementia.

Medicines audits were conducted regularly and a local pharmacist checked to ensure ongoing safe practice and use of medicines. Where there were gaps in the MAR charts there were clear audit trails for each which had been checked by nursing staff at the beginning and end of each shift. There had been four medicines errors which had been reported and investigated. These related to non-essential medicines and action had been taken to address this by the registered manager. Medicines were disposed of appropriately and records for the disposal and return of medicines to the pharmacy were signed for in line with best practice. Clear communication between the nursing team, local GPs and the pharmacy was evident that allowed clinical needs, medicine changes and orders to be sorted promptly.

There were sufficient staff employed to help keep people safe. Overall people and relatives did not raise concerns regarding staff numbers and said that there were sufficient numbers of staff at the home. Relatives told us "Yes, there's sufficient staff…. you can always find someone if you need them", "The good thing about it here is if I say to the nurse that [relative] is in pain, they'll be there in 10…the nurses are good" and "Yes in general. There is always someone around for a place of this type, where you have to support many people. It is very good." Three relatives however did mention that the home was short staffed at the weekends.

We discussed staffing levels with the deputy manager who told us the staffing levels were the same during the week and the weekend. She told us that occasionally there were late cancellations such as staff calling in sick which led to some staff shortages over the weekend. However they had taken action in response to this to minimise any disruption to people's care. For example, staff were advised to always inform management of potential staff shortages so cover could be arranged in advance, staff were reminded of the policies and procedures in relation to staff absences and management staff continued to review staff absences and take the necessary disciplinary action if necessary.

Records showed there was flexibility so that they could deploy staff where they were needed. Staffing levels were assessed depending on people's needs and occupancy levels and there was a dependency tool in place to assist the home to allocate staff accordingly.

People had calls bells in their rooms which were accessible to them. The home had an electronic system in place which showed the number of calls and the response time to each call. This was monitored by the registered manager to ensure call bells were responded to in a timely manner.

There were effective recruitment and selection procedures in place to help ensure people were supported by staff that were suitable for their role. Appropriate background checks had been completed. These included checking employment histories, proof of identify and right to work in the UK. Two satisfactory references were obtained and enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Appropriate checks had also been completed for clinical staff with relevant regulatory bodies such as the Nursing and Midwifery Council (NMC).

Systems were in place to monitor the safety of the home. Records showed essential maintenance and necessary checks such as gas checks, water hygiene, bath, slings and hoists inspection, fire checks and electrical checks were carried out and maintained. People had personal emergency and evacuation plans (PEEP) in place in case of fire which clearly detailed the support needed to keep them safe. Staff had received fire training and were aware of what to do in an event of an emergency. Water temperatures had been checked monthly and recorded to ensure they did not exceed the recommended safe temperature.

There was an infection control policy and measures were in place for infection prevention and control. Substances that could be potentially hazardous to people's health Control of substances hazardous to health (COSHH) were locked away and kept safely away from people.

Good

Is the service effective?

Our findings

We observed adjustments had been made in the home in response to people's specific needs. There were lifts in the home to support people with their mobility. Hoists and bath and shower equipment were available to assist when providing people with personal care.

The home provided a dementia friendly environment. People's doors were colour co-ordinated and there were memory boxes displayed outside people's bedroom doors which included pictures of what was important to people to aid recognition and help people navigate around the home.

The home was generally clean, however we noted there was a level of malodour in the home, especially on the first floor. The deputy manager informed us some people did present behaviours that challenged around continence care. The carpets on the first and second floor were also to be replaced as they were very old. The deputy manager told us the home has a cleaning machine which was used regularly to refresh the carpets in the home.

Staff were well trained. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included medicines, safeguarding, fire safety, health and safety, infection control and moving and handling. There was a training matrix in place which clearly showed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities competently.

Records showed the home had implemented the new Care Certificate for their staff which is the benchmark set in April 2015 for the induction of new care workers. There was evidence that staff had received supervision and an annual appraisal about their individual performance and to review their personal development and progress.

People's needs were assessed with their participation and when applicable with their relatives. This helped to ensure the home would be able to meet the person's needs safely and effectively. Ongoing reviews and assessments were undertaken if people's needs had changed to adapt the care and support to suit the person's needs.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on

authorisations to deprive a person of their liberty were being met. We noted that care plans contained information about people's mental state and cognition. Areas in which a person was unable to give verbal consent, records showed the person's next of kin and health professionals were involved to ensure decisions were made in the person's best interest. However in some care plans we noted some best interest forms had not been signed by relatives involved in people's care. We discussed this with the deputy manager and she told us relatives were consulted and involved in any decisions that needed to be made. Relatives also confirmed this. The deputy manager told she would ensure the records were updated and signed off by relatives.

Records showed the registered manager had applied for DoLS authorisations for the people using the home. We saw the relevant processes had been followed and standard authorisations were in place for people using the home as it was recognised that there were areas of the person's care in which their liberty was being deprived. Care workers we spoke with had a good understanding of the MCA and had received MCA training. They were aware of the importance of gaining consent and that people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests when they lacked capacity to do so themselves.

People had their healthcare needs closely monitored. Care records of people were well-maintained and contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as dentists, opticians and GPs. Information following visits by GPs and other professionals were documented in people's records. Two GPs from the local surgery visited the home twice a week and an out of hours GP was available if needed on any other day. Relatives spoke positively about the healthcare support their family members received. They told us "The GP comes twice a week and if [Person] needs it we just need to tell them", "Yes [person] had an infection in their toe. But is now all healed up" and "[Person] has osteoarthritis. They [staff] know about the difficulty, some though are better than others at this. But on the whole they are aware. I can also talk to the GP who also comes here on Tuesdays and Fridays. But [staff] also keep me up to date."

People were supported with their nutritional and hydration needs. Each care plan contained detailed information on what support people required with their food and drink. There was information about each person's dietary needs and requirements and Malnutrition Universal Screening Tools (MUST) were used to identify if people were at risk of malnutrition. People's weights were recorded monthly and records showed input was sought from the Speech and Language Therapy (SALT) when needed.

Relatives spoke positively about the food and told us people's individual requirements were being met. They told us "[Person] has a special diet as it needs to be liquidised. But the food from what I have seen is pretty good. They also give residents a choice even if they ordered it already" and "[Person] has pureed food. [Person] still gets mash, vegetables and meat but they are done and separated on their plate."

We observed staff encouraged people to drink throughout the day, and there were jugs of drinks in each lounge, as well as in people's rooms. During the inspection, we observed people having their lunch. The food looked and smelled appetising. The dining room tables were laid with material tablecloths, cutlery, jugs of two types of squash and water. There were two main dishes, samples of which were shown to people for them to choose. If they did not want what was on the menu then staff asked them what they would like. We observed three people chose alternative meals which were immediately ordered from the kitchen. Staff checked that people were okay and offered assistance. Staff also gained people's permission before helping them.

We spoke to the chef who told us he received information about people's dietary needs and preferences so

was aware of what to prepare. We checked the kitchen and noted that it was clean. In February 2017, the Food Standards Agency carried out a check of food safety and hygiene and awarded the home a five star rating.

Requires Improvement

Is the service caring?

Our findings

People spoke positively about the care they received from staff. They told us "Staff are nice", "Yes, very helpful. You don't feel you are in the way of anything", "I have a laugh and joke with all of them", "They're really caring and helpful" and "I wake up and the door opens up and I get a cup of tea."

Relatives also spoke positively about the care their family members received from the home. They told us "Very kind, yeah they're excellent", "They approach [person] very nicely but there is also banter between them and the carers", "It is only been six months and we have found it very good. They are kind to [person]. [Person] is clean and tidy" and "The staff are very good."

Overall, we observed positive interaction between people and staff. People appeared comfortable around staff and people were free to come and go as they pleased in the home. Staff respected people's choices if they preferred the privacy of their own rooms. For example on one floor, we observed a particularly good example of caring by staff during lunch time. There were two separate situations on two different tables where people became agitated and exhibited challenging behaviour to other people on their table. Staff were extremely calm and quick to respond. One member of staff placed themselves between the two people, and spoke calmly diffusing the situation. They offered both people the opportunity to move to another table, which they both refused. However the staff member remained at the table and continued to engage both people in light conversation which placed people at ease.

However we observed some instances where staff were more task focused and there was limited interaction with people using the service. On the first floor where we observed lunch, staff tended to be more task focused and did not sit and interact with people to ensure lunchtime was an enjoyable and sociable experience. The atmosphere did not allow people to have the opportunity to speak to others in the home. For example, one person who was able to verbally communicate was brought into the dining area. They expressed to staff they did not wish to have lunch as they were not hungry but they were left to sit alone with no one to talk to until they decided to go back into their room.

During the inspection, we heard a person calling for assistance. We observed a member of staff in a room across the corridor from the person's room shouted back; "What do you want" a few times. The staff member eventually went to assist them but after they had left, the person continued to call out. The nurse on the floor then spoke to the person who appeared quite confused. We observed the nurse spent time talking with the person in a soothing voice, adjusted their pillows and tried to get the person more comfortable. When the person was calmer, the nurse then left the person to sleep.

The inconsistency in care from staff was also reflected in some of the feedback we received from people and relatives. One person told us "They sometimes palm you off saying that they will come back later…. but they don't". One relative told us "90 – 95% of staff are really good …. if you want my view 10% don't listen but they will say they don't work in this area, and then they don't pass on what you have said."

We discussed this with the deputy manager and regional manager who told us they would review this area

to ensure staff's behaviours were addressed and people received consistent quality care throughout the home. □

People told us their privacy and dignity was maintained and independence supported. Relatives told us "Yes, they tell [person] what they're doing when giving personal care", "If I want anything done they come straight away…they're very caring" and "If I have to be changed I am woken up, but like this morning I woke up at 09.00."

There were arrangements in place to ensure people were involved with the planning of their care as much as they were able to. Records showed there were yearly reviews with people, staff and their relatives in which people's care was discussed and reviewed to ensure people's needs were being met effectively. Relatives confirmed this and told us "Yes, we went through everything last year", "Yes they go through it with you" and "They always keep me up to date with everything going on."

Good

Is the service responsive?

Our findings

People and relatives spoke positively about the home and care people were receiving. They told us, "Staff listen to me, and my care is how I like it", "It feels like home" and "They listen to what you want them to do and they carry it out…that's both the carers and the nurses".

Relatives also were able to tell us examples of how responsive the home has been towards people's needs. For example, one relative told us "[Person] has had bed sore. They have worked hard at getting them healed, and now there's just a little bit of a scar at the moment" and "Last year there was an instance with a night carer. I spoke to [staff member] who was responsive and spoke to the carer and it has not happened since."

Care plans were person-centred, detailed and specific to each person and their needs. The care plans contained detailed information on the support the person needed with various aspects of their daily life such as personal care, medical history and eating and drinking. The care plans showed how people communicated and encouraged staff to prompt people to be as independent as possible to do tasks by themselves.

Care plans were reviewed monthly by staff and were updated when people's needs changed and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day.

We received mixed feedback the quality of activities in the home. Relatives told us "They have bingo, games, chats and light activities" and "Yes, normally in the summer. They are excellent and good fun." However some relatives told us "I think the activities could be better", "Sometimes there is not a lot on. Weekends are the same as Monday to Fridays" and "I don't think they are stimulated enough. Some of the others need stimulating a bit more. There is no real outside space. But saying that they have had barbies and put up gazebos. They do what they can with what they have got."

During the inspection, we did see some activities take place. One person was being assisted by staff to complete a puzzle, another person had a fishing game on their table whilst one person sang along to the background music. On another floor staff played a memory card/board game as a one-to-one activity with two people. Three people watched television and had conversations between themselves.

There had been arranged events for people such as Christmas/Easter parties, BBQs, birthday parties, sing a longs and themed events such as 1940s Hollywood Glamour, Cyprus Day and St Patricks Day. The home had also organised a 'Time for a Cuppa' fundraising event in aid of Dementia UK. Visitors were invited to support the event to raise money for charity. There was a range of activities including dancing, singing, ball games and quizzes. Positive feedback from people had been received about the event including comments such 'I loved it. There was lots of music and we were all dancing together. It was a happy time' and 'It was a lot of fun, lovely cakes, and lots of singing.' This particular event had also been featured in the local newspaper.

There was only an assistant activity co-ordinator at the home. We spoke with them and found they were very

knowledgeable about people's needs and one relative told us they were "Very good." The deputy manager told us the senior activities coordinator has had to take some time off. However they have recruited an activities assistant and also interviewed additional staff who have expressed an interest with helping with activities which should improve how activities were managed in the home.

People were supported and encouraged with maintaining relationships with family members. Relatives spoke positively about this. They told us "Yes when we are here they [staff] acknowledge [person] and family. They are easy and obliging with anything we ask", "They walk past all the time; the carers and nurses always make a point of talking to us to see how [person] is" and "They offer me a meal sometimes…it's a form of saying that they're looking after all of us. It's lovely to be able to have a meal with my [person]".

At the time of the inspection, there was no one receiving end of life care. However where it had been identified that a person may require end of life care or in the event of a person's health suddenly deteriorated, there were agreed Anticipatory Management Plans in place. The deputy manager told us they worked closely with the GP practice and tried to encourage people and relatives to think ahead and discuss their views and preferences in case of sudden deterioration or end of life care. The home worked closely with the local hospice which offered advice and support as needed. Records also showed that staff had received end of life training.

There were procedures for receiving, handling and responding to comments and complaints. Documents showed that complaints had been handled appropriately. Any concerns raised had been investigated and responded to promptly by the registered manager. People and relatives we spoke with had no complaints or concerns about the home. They told us "I have no complaints they have been all very pleasant and very helpful" and "I have no complaints about anything here."

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the management of the home. They told us "I can't say they could really do anything better. Our main concern is [person] is well looked after and they seem to be doing that", "If they haven't done something or I'm not satisfied…we just say and it's done" and "As far as I know, all communications are up to standard…. they always say what's going on".

Relatives also spoke positively about the registered manager. They told us "Yes the manager downstairs. She is very approachable" and "[Registered manager] will always stop and chat. I find her very approachable."

There was a comprehensive system in place to monitor, assess and improve on the quality of the home. Comprehensive audits were completed by the registered manager and provider which covered areas such as care plans, medication, pressure sores, DoLS, infection control, falls and accidents and incidents. A Home Improvement Plan was in place which clearly identified areas for improvement and action needed/ taken to implement the improvements which contributed towards continuous learning and improvement of the service such as the work the home has done in relation to falls.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 registered manager was not present at the time of the inspection, but we were supported by the deputy manager and regional manager. The home had notified us of incidents and other matters to do with the home when legally required to do so.

The CQC rating of the previous inspection was displayed as required in line with legislation. The registered manager had notified us of incidents and other matters to do with the home when legally required to do so. The home worked closely with health and social care professionals and other agencies to make sure people received the home they needed so they achieved positive care outcomes.

Feedback was sought from people and relatives through questionnaires. We noted positive feedback from the results of the 2017 survey. Some of the results included 99% of residents were satisfied with the way privacy and dignity was maintained and 82% were happy with the care and support they received.

There were quarterly residents' and relatives meetings at the home where they could give their views on how the home was run. Minutes of the meetings showed a variety of topics were discussed with people such as activities, food, recruitment and premises. Relatives told us "Yes I feedback when we have the meetings" and "Yes they are held every 3 or 4 months. A notice goes up on the board, plus a letter is sent out and an email. They ask what you want to bring up, plus they send you the minutes of the last meeting."

Records showed staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Staff

spoke positively about the management of the home. They told us "[Registered manager] is very approachable. You can always ask for a meeting even with [deputy manager]. I know I can speak with her without repercussion and it is confidential", "The management do welcome feedback and take its constructive" and "[Registered manager] is amazing . . . very vocational and supportive"

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.