Ideal Carehomes (Kirklees) Limited

Fairway View

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced inspection of the service on 9 December 2015.

Fairway View Care Home provides accommodation to older people in the Nottingham area. It is registered for a maximum of 41 people. There were 41 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home. They were supported by staff who understood how to report allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. Staff were in place to keep people safe and medicines were stored and handled safely.

Summary of findings

People were supported by staff who received a comprehensive induction and training programme. Staff told us they felt well trained and supported by the registered manager and they were knowledgeable about the people they cared for.

People's rights were protected under the Mental Capacity Act 2005. Most people received sufficient to eat and drink, but did not always have a good experience at meal times. People had access to other healthcare professionals, but didn't always receive effective care that was relevant to their needs.

People were treated with kindness and compassion and spoke highly of the staff. Staff interacted with people in a friendly manner, but not always in a caring way. People's privacy and dignity was protected and they felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records focused on people's wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were available in the home which reflected their needs. However, we saw little evidence of activity and stimulation for people with dementia. A complaints process was in place and staff knew how to respond to complaints.

People, relatives, staff, and healthcare professionals all complimented the registered manager. People were empowered to contribute to the development of the service. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

Summary of findings

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 felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Is the service effective?

Requires improvement

The service was not consistently effective.

People did not always receive effective care that met their needs. People were supported by staff who were knowledgeable and skilled to carry out their roles and responsibilities. Training and development was reviewed and updated appropriately.

The principles of the MCA were used to determine people's ability to make their own decisions. Staff followed appropriate guidance to ensure people who lacked capacity were supported effectively.

People were encouraged to be independent and to make their own choices. However they were not always supported to have sufficient to eat and drink or to have a good experience at meal times.

People were supported to maintain their health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported to express their views and be actively involved with decisions about their care and support.

People were treated with respect, compassion and in a dignified way by the staff who cared for them. People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's changing needs in a positive way.

People participated in activities and were encouraged to interact with others.

Care plans were reviewed and people were involved with the planning of their care to ensure they received personal care relevant to their needs.

Summary of findings

People knew how to make a complaint if they needed to. The complaints procedure was available and the provider responded to concerns when necessary.

Is the service well-led?

Good

The service was well-led.

There was a visible management presence and people spoke highly of the registered manager. Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People, their relatives and staff were encouraged to be involved in the development of the service. They had opportunities to voice their views and concerns. There was a positive atmosphere throughout the home.

The service worked well with other health care professionals and outside organisations.

Fairway View

Detailed findings

Background to this inspection

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

This inspection took place on 9 December 2015 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service to obtain their views about the care provided in the home.

During our visit we spoke with 15 people who used the service, three visitors, one visiting professional and five members of staff, the registered manager and the provider's representative.

We observed people participating in day to day activities. We looked at the care plans for six people, the staff training and induction records for four staff, four people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

People using the service were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People using the service told us they felt safe in the home. One person said, "This home is much better than where I was before. The staff here are really good, especially the night staff." The person told us about a person living in the home who occasionally came into their room at night. They told us the staff responded straight away and removed the person to keep them both safe. A relative told us, "We really love it here. One thing I have noticed is how happy everyone is." They also said, "It is a big relief knowing that [my relative] is in safe hands." Another relative said, "It is very homely. I like that they [staff] always know where [my relation] is, because they do walk about the home, but staff tell me instantly where they are, so I know they are watching out for them." A visiting professional also commented that the service was safe.

Four staff we spoke with confirmed they had attended safeguarding training. They could describe different types of abuse and knew who to report concerns to, both internally and externally. One staff member described the process of reporting concerns. They said they had used this process and the manager dealt with the concern appropriately.

We found that information on safeguarding was displayed in the home. This provided guidance to people and their relatives about what they could do if they had concerns about their safety. The registered manager told us about the process they used for reporting concerns of a safeguarding nature. This process was put in place to make sure people were kept safe. This included how to contact the local authority and the Care Quality Commission.

Appropriate safeguarding records were kept. There had been three safeguarding concerns raised in the last 12 months. The registered manager had completed investigations and took appropriate action with the support of the local safeguarding team. We felt assured that if any further issues did arise they would be dealt with.

Individual risks were identified and managed; a robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people. The manager recorded information for each accident or incident into a spreadsheet and also identified the area where the incident took place. They colour coded the information so it was easily accessible. Information was analysed on a regular basis to monitor the any trends or themes that may occur so they could be addressed promptly. We found appropriate action had been taken when required.

Risks to people's health and welfare were being assessed and action was being taken to minimise any risks identified. However, we found one person who had lost weight had been referred to the appropriate health care professional but was not always monitored sufficiently to ensure they received enough to eat and drink. In the care files we looked at we saw risk assessment had been completed for pressure ulcers, falls and bedrails. This meant risk was identified and overall we found actions were put into place to reduce the risks to people and these were reviewed regularly.

People had their own personal evacuation plans (PEEP) to ensure they were fully supported in an emergency. There was a copy of evacuation plans in reception. This meant staff had easy access to information should an emergency arise, such as an outbreak of fire, and could ensure people were evacuated safely. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. There was a maintenance book where staff reported any issues. However the date that the work had been completed was not always recorded This meant issues that had been reported may not be fixed in a timely manner. The manager told us they would address this.

We saw sufficient staff on duty on the day of our visit. One person said, "They meet my needs." Another person said, "Staff look in on me (when I am in my room) from time to time to make sure I am all right. If they are not too busy they will have a little chat." A healthcare professional told us that sometimes when they visited it felt like there didn't appear to be enough staff, as the staff rushed around and were busy.

We received mixed comments when we spoke with staff. One staff member said, "No there is not enough staff. The seniors are counted in the numbers and they give out the medicines. It is a struggle in the afternoons when getting people ready for bed." They told us this was a problem

Good

Is the service safe?

when they needed two staff and the senior was completing the medicine round. They said, "It means people have to wait longer, sometimes for twenty minutes. We work one staff member down once or twice a week. Two other staff said, Staffing is fine, I think!" Another member of staff said, "Staffing is good." The manager told us they had one vacancy for a night care worker and another member of staff had been recruited recently.

We observed staff providing one to one care for people and taking time to discuss their care needs with them. We observed mostly positive interactions between the staff and people who used the service. Staff supported people in a way that showed they were committed to keeping people safe.

During the lunch time meal we saw there were four members of staff supporting people.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Staff confirmed they had been through a robust recruitment process Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

People's medicines were stored and handled safely and people received them in a safe way. We saw when people were offered their medicine staff stayed with them until they had taken their medicines. People told us and records we looked at showed, that people had been asked how they would like their medicines to be administered.

Staff confirmed and records we looked at showed they had received up to date medicine training. There was a named person responsible for completing any audits of medication administration records (MAR) and ordering and disposing of any medicines. However the audits did not always identify what action had been taken when missed signatures or issues had occurred. The provider's representative showed us an action plan that had identified the same concerns as us. Medication audits completed by the manager were not being used consistently. The provider had a support plan in place to ensure improvements were being made and the plan was monitored on a regular basis.

We did not observe a medicine round during our visit, but staff described the process.

We saw the MAR sheets were completed as and when required. MAR sheets were used to confirm each person received the correct medicines at the correct time and as written on the prescription. Each MAR was identified with a picture of the person. This was to help ensure they received the medicine that was relevant to them and as prescribed by their GP. It was identified and recorded when a certain medicine was stopped or discontinued.

Requires improvement

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff who were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and support. One person said, "The staff are fabulous, they support me when I need them to." Another person said, "I get everything I need." The person also described how they received support from staff when they wanted a shower. They told us they could also have a bath if they wanted. They said, "The bath is one you can just step into, you don't have to climb in, it's great." The provider and manager told us people received effective suitable care that met people's individual needs, preferences and choices.

People were supported by staff who had the necessary skills and knowledge to provide effective care Staff felt supported and confirmed they had opportunities to undertake specialist training or complete the care certificate. The care certificate was developed by 'The Skills for Care', which is a nationally recognised qualification. It is regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills. We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care.

Staff told us they received supervision, appraisals of their performance and there was a probationary period in place as part of the induction process. One staff member told us they had been shadowing another member of staff for two weeks and were in the process of completing relevant training. Another member of staff told us they had an opportunity to complete a social care qualification. The registered manager told us and records we saw confirmed staff training was up to date. The registered manager also told us they would be completing appraisals for staff in the near future and dates had been booked. There were systems in place to ensure staff were supported and able to share good working practices and ensure they provided effective care.

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 people 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 service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves a mental capacity assessment and best interests documentation had been completed.

People told us they consented to their care. We observed staff ask people what they wanted to do. Staff told us they had received training in the MCA and DoLS. One staff member described how the MCA reflected people's rights to make decisions for themselves. They told us that if a person was unable to make a decision, staff would need to make sure any decisions were made in the person's best interests. However some staff were unable to show a good understanding of how to apply this in their work. We spoke with the manager and they told us they were aware of the issue and had identified some areas of retraining for some staff.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately.

People were supported to eat and drink sufficient amounts and to maintain a balanced diet. The cook told us they worked on a four weekly rota for the menu and 90% of food was home made. They said, "Choices are available for meals and the menu is balanced and varied." The cook told us people were asked what they would like to eat on the previous day and pictorial choices were being developed to support people with visual choices. The cook had good knowledge of people's dietary needs and was able to describe what allergies people had.

We observed lunch in both the upstairs and downstairs dining rooms. People had two different experiences. In the upstairs dining room lunch was a little disorganised. We saw at least three out of four people at each table were left

Is the service effective?

waiting for their meal. Meals were served haphazardly they were not served table to table and people were left waiting a long time. One staff member said, "I am serving the bacon and egg choice first, so the eggs don't go hard." This meant people were waiting and did not get a good dining experience.

We saw people were chatting and laughing around the tables.

However, we observed two people were being assisted with their meal. One staff member started to support one person and then got up and went to do something else. A short while later a different staff member came and sat with this person and started to help them with their meal, they also got up and left. Each time a staff member left, the person stopped eating. The person had sat with a half-eaten place of food in front of them for about 30 minutes. Then a third staff member came and sat with the person and tried to get the person to eat some more of their meal. By this time the food was cold and unappetising. We found in another instance where a staff member was sat at the same level as a person, but paid little attention when supporting the person to eat. There were times when the staff member became distracted with their surroundings. They were unaware the person had started to eating with their fingers instead of the cutlery held by the member of staff. As soon as the main course was finished the staff member called across to a colleague "[person's name] is ready for their pudding now." But the staff member did not ask the person if they wanted any. This showed disrespect for the person

In the downstairs dining room people had a better experience. There was a good atmosphere and staff interaction with people was appropriate and respectful. People were given a verbal choice of what they wanted to eat and drink. Where required people were assistance and supported at their pace and were not rushed. Food was presented attractively and where food was pureed this was done separately to ensure the person experienced the relevant taste of the food they were eating.

During discussions with staff one member of staff raised a concern with us that people were not always given drinks regularly enough. We spoke with the manager and they were aware of this, and other issues, with the dining experience and were looking at ways to improve this

On one person's care file there was little information regarding their nutrition needs. The person required a high calorie diet to help them gain weight, but there was insufficient information on how staff should assist this person to achieve this. We saw advice for staff that they should gently prompt or encourage snacks. The GP had prescribed a nutrition supplement which the person was taking. Food charts were in place to monitor the person's nutritional intake, but these had not been completed reliably. Staff we spoke with were inconsistent in their understanding of the arrangements in place to support this person. There was conflicting information on whether this person was on a fortified diet, if they were eating well or not. There was a potential risk this person may not receive sufficient food to increase their weight. The person was meant to be weighted on a weekly basis to help monitor their weight, but they were being weighed monthly. We saw they had lost 11kg since August 2015. We saw there had been further referrals to the GP. However, staff had not consistently monitored the person weight as they should to ensure the persons weight was kept stable. The manager told us they had identified issues with the care plans and that a plan was in progress to update and make them more person centred. We saw a copy of the plan that had been implemented.

People were supported to maintain their health and wellbeing and this was supported by having access to healthcare services. This included a GP, dentist and chiropodist. Staff were knowledgeable about the people they cared for. Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. We saw people had been referred to appropriate health care professionals. However, not all documents had been completed to make sure people received effective care.

We saw one person had equipment in place that required regular changes by a district nurse. We saw correspondence from a healthcare professional that said the size of the equipment had changed. This was not written in the person care plan. There was advice that part of the equipment should be changed by staff every seven days and checked and drained throughout the day, but there was no record of any changes or checks. We did not know if the checks had been completed. There was a risk this person may not receive effective care. The manager told us they were in the process of updating all the care plans and we saw audits had taken place to support this.

Requires improvement

Is the service effective?

A visiting health care professional we spoke with gave positive feedback about the care staff provided. Staff told us how they looked out for signs for people who lived with the condition diabetes. They described how they observed signs, such as, sleepiness, being unwell and dizziness. They told us the kitchen staff prepared food for people with diabetes separately and provided sweeteners and biscuits that those people could eat.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff and with each other. People who lived together before they came into the home were supported to maintain their relationships. One person said, "We get time to spend together." They also said, "This is the finest place ever been built, the staff are brilliant." People told us staff treated them well. One person said, "They [staff] are fantastic people. Nothing is too much trouble for them." They look after me really well and they'll give me a cuddle or have a little dance with me. I am very happy here." Relatives were also complimentary about staff. One relative said, "They don't just support our relation, they support us as well." They told us they were impressed with the care and support provided. They said they had nothing but kindness from the staff.

Staff engaged with people and visitors and initiated conversations about topical subjects. There was a light atmosphere and light hearted comments which were received very positively by people using the service.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. Care records contained evidence that the person or their relatives had been involved in the development of their care plans.

People received care from staff who understood their life history, preferences and needs. Some staff had a very detailed knowledge and understanding of people's previous life history and families. One staff member told us that when they first started working at the home, a person would not let them provide any care or support for them. The staff member said, "We have built up a trust and now all is OK. You just have to be patient with people". We saw staff communicate effectively with people who had complex care and support needs. Staff talked about different techniques that helped them to communicate with people, for example using flash or picture cards.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans contained information regarding people's life history and their preferences. The manager told us there was a plan in place to make sure all care plans were person centred. Care plan audits and reviews had taken place and there was a plan in progress to update to ensure they reflected people's needs.

Information was displayed on the notice board in the home about how people could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views.

People told us they could receive visitors at any time and that they all received visitors. Relatives told us the home was welcoming and that there were no restrictions when they could visit. One relative said, "I can visit whenever I want. I do try and avoid lunch times, so people are not disturbed." They told us that sometimes this is unavoidable and that it was never a problem

People told us they were treated with dignity and respect. However, one relative told us about an issue where they felt their family member had been disrespected by a staff member. They said, "This had now been dealt with and the staff member apologised." Staff described the action they took before entering someone's bedroom. One staff member said, "I always wait for a reply when I have knocked on someone door before I enter. I ask people if they want to get up, I respect people. They have a choice." Another staff member told us that they give people choices and read their facial expressions or body language. They said, "This is the way some people let you know if they like, or don't like what you are doing." Staff received dignity training and this had been discussed in supervision sessions.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed staff responding promptly to most people when they required assistance or support. One person said, "I needed to use the toilet a lot, due to an infection. Staff requested some tablets from my doctor and these are really helping me." Another person told us they can get up when they wanted. People's care and support needs were written in individualised plans that described how staff should provide support for the person and what they needed to do to provide personalised care. We saw people were seated in the lounge area and staff were making contact and interacting with each person ensuring they were well and alert.

People, or their representatives were actively involved in making decisions about the way their care was to be delivered and arrangements were made to review their care needs. Staff told us they listened to people's choices and everyday decisions. Care plans were being updated and the new style care plans were informative. They were developed from the initial assessments that were completed before the person moved into the home. Reviews and assessments took place and there was clear guidance for staff to meet people's needs. The manager explained how they ensured a person who had rapidly changing needs had been had been assessed as needing a different level of care. We saw this was documented in the person care file.

Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example, staff talked about people who lived with dementia and how they communicated with them effectively. One staff member said. "People may process information differently." Staff confirmed they had received training in how to care for people living with dementia.

A visiting healthcare professional gave positive feedback on how responsive the service was. They described how two people's needs changed quite quickly and that the manager/staff had responded to these changing needs. They gave an example of where a best interest decision had been taken to ensure the person received appropriate care to ensure their condition did not deteriorate further.

People were supported to take part in activities. One person said, "There were a couple of trips out in the summer. We had a boat trip on the river, which was nice, but there isn't much else really." A programme of activities was displayed in the main corridor, which included a quiz and an entertainer playing an organ and singing that took place during our visit on the ground floor. Staff danced with people who were able and others joined in the singing.

The first was more for people with dementia. We saw little evidence of activity and stimulation particularly suited for people with dementia although they could participate with activities on the ground floor if they wished. The provider's representative told us they had plan in place to address this and showed us a copy of the improvements they planned to make and implement. The home environment was not dementia friendly. There was no directional signage for people with dementia to assist them to orientate around the home. Toilets and bathrooms were not marked in a dementia friendly way. We could see the home was working with the Dementia Outreach Team and the manager told us they were working towards addressing these issues.

People told us they knew what to do if they had a complaint or problem. One person said, "I don't know why you are asking me that, because it's really nice here. I would soon speak up if anything was wrong, but it isn't." Staff knew how to proceed if they received a complaint, but could not remember if they had received any. The provider told us they had plans in place to ensure staff received training on how to handle complaints and make sure they were dealt with in a timely manner. The manager told us they had received a complaint and that this had been dealt with appropriately. We saw the service managed and monitored complaints and took action when required. Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People and their families had the opportunity to be involved with the service. The registered manager told us they had arranged meetings with relatives, but these were not attended very well.

However, the registered manager had made arrangements to implement resident and relative surgeries. This was to give people the opportunity to have one to one time with the manager, if they wish to do so. One relative told us the manager is really good. They said, "She is making a big difference since coming to the home." The culture of the home was open, honest and focused on individual needs. A visiting health care professional made positive comments about the manager and the leadership of the home.

Systems were in place for people and their families to feedback their experiences of the care they received and make comments. We saw management had sent out questionnaires, but there had been no responses at the time of our inspection. The manager had held some discussions with people and was implementing some suggestions. For example, one person said they were interested in planting and plans were in place for people to have an area in the garden. There were also plan to make one room into a bar.

Staff told us they felt supported in their role, they felt listened to and valued. One staff member said, "The manager is lovely, approachable and very fair." One member of staff told us they had only been working at the home a short time, but had already been made to feel part of the team. They said, "I have been accepted; it's like a little family. I like it here. The manager's door is always open." Another staff member told us they were confident to discuss ideas with the manager. They said, "If she [the manager] thinks it is something that will be good for the people who use the service, she is 100% supportive."

The registered manager told us they regularly met with their area manager to discuss best practice for the home. They told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received. The manager told us they were well supported by senior management and had an action plan in place to help them achieve their goals for the home. We observed the manager interacted in a positive way with people and staff.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the manager and also by representatives of the provider. The manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas. This told us the service was monitored regularly and that they had a plan and time scale in place they had to adhere to, to ensure they were monitoring the service they provided was effective and efficient.

The manager told us their biggest achievement for the home was that it had a friendly family feel about it. They said, "I want to continue getting people and their relatives involved with the home. They continued to say, "Our vision is we want people to have a good experience while living in the home."

A registered manager was in post. All staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who use the service. We can raise questions and issues if needed."

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

There was a culture within the home of learning from these incidents to make sure they did not re-occur. Incidents, accidents and complaints were responded to in a timely manner. People and their relatives told us they had no concerns or complaints about the care provided, but they would know who to speak to if they did. We saw that incident and accident forms were completed. Themes and trends were monitored and action taken when required. Staff said if there was a complaint or incident, the registered manager would meet and discuss with staff.

Good

Is the service well-led?

They said that they explored ways in which similar issues could be prevented In the future. We saw that concerns and safeguarding issues had been responded to appropriately and appropriate notifications were made to us as required.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notification to CQC and other external organisations.