Care Homes of Distinction Limited

Wray Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 6 December 2016.

Wray Park Care Home is a residential care home for up to 24 older people. This includes people who are living with dementia. At the time of our inspection 12 people lived at the home. The building consists of three floors with bedrooms located on each. Communal areas include a large lounge and separate dining area.

During our inspection the registered manager (who is also the registered provider) was present. 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.

Wray Park Care Home was last inspected on 16 September 2015 when it was given an overall rating of 'Requires Improvement.' Four breaches of Regulations were identified and requirement notices were issued. These related to consent to care, safeguarding, staffing and quality assurance systems. At this inspection we found that the requirement notices were met and improvements had been made in all areas.

Quality monitoring systems had been reviewed and auditing systems implemented that helped to monitor the quality of service provided. They also ensured action was taken when areas for improvement were identified.

Staff had received safeguarding training and reporting procedures had been reviewed which offered greater protection to people. People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. Potential risks to people were assessed and information was available for staff which helped keep people safe.

People told us that there were enough staff on duty to support them at the times they wanted or needed and we observed this to be the case during our inspection. Robust recruitment checks were completed to ensure staff were safe to support people.

Systems for monitoring that staff were suitably trained and skilled had been reviewed and staff had received training relevant to the needs of people who lived at the home. Staff were fully supported and received group and one to one supervision.

People said that they consented to the care they received. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People said that they were happy with the medical care and attention they received. People's health needs and medicines were managed effectively. People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan.

People said that the food at the home was good and that their dietary needs were met. There were a variety of choices available to people at all mealtimes.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques.

Information of what to do in the event of needing to make a complaint was displayed in the home. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

People said that they were treated with kindness and respect. We observed interactions by staff to people that were warm, positive, respectful and friendly whilst remaining professional. Staff routinely checked that people were happy with the support being offered. They Staff understood the importance of respecting people's privacy and dignity and of promoting independence.

People said that they were happy with the choice of activities on offer and that they were supported to maintain links with people who were important to them. There had been an increase in the choice of activities people could participate in and people had more opportunities to access the wider community.

Everyone that we spoke with said that the registered manager was a good role model. Staff, people who lived at the home and their relatives said that the registered manager actively sought their views, listened and acted upon them.

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.

Risks were assessed and managed well, with care plans and risk assessments providing information and guidance to staff.

There were enough staff on duty to support people and to meet their needs.

Staff employed by the registered provider underwent robust recruitment checks to make sure that they were safe to support people before they started work.

People told us they felt safe. Staff understood the importance of protecting people from harm and abuse. Safeguarding procedures were in place that offered protection to people.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Support and training had improved which helped ensure staff were sufficiently skilled to care and support people to have a good quality of life.

People consented to the care they received. Wray Park Care Home was now meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People were supported to eat a choice of meals that promoted good health.

People told us that they were happy with the medical care and attention they received. People's health and care needs were managed effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by dedicated and committed staff.

People were supported to express their views and to be involved in making decisions about their care and support.

People were treated with dignity and respect. Staff were able to explain how they promoted people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and treatment was provided in response to their individual needs and preferences.

An activity programme was in place and people expressed satisfaction with the range of activities available.

People felt able to raise concerns and were aware of the complaints procedure. Systems were in place that supported people to raise concerns and their views and opinions were acted upon.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Quality monitoring systems had improved and were being used to identify and take action to reduce risks to people and to monitor the quality of service they received.

People spoke highly of the registered manager and said that the home was well-led. Staff felt well supported and were clear about their roles and responsibilities.

Wray Park Care 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, 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 6 December 2016 and was unannounced. The inspection team consisted of two inspectors one of who was a dementia nurse.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with four people who lived at the home and one visiting relative. We spoke with the registered manager, three care staff, the care manager, the quality assurance manager, the provider's activity co-ordinator and kitchen staff. Prior to the inspection we made contact with three external health and social care professionals, one of whom responded to our request for information about the home and agreed for their views to be included in this report.

The majority of people at the home were living with dementia and we were unable to hold detailed conversations with many of them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included three people's care and medicine records and four people's mental capacity records. We also looked at staff training, support and employment records, quality assurance audits, minutes of meetings with people and

staff, menus, policies and procedures and accident and incident reports.

Good

Is the service safe?

Our findings

At our last inspection in September 2015 two requirement notices were issued. These related to safeguarding and staffing. At this inspection we found that steps had been taken and the requirement notices were met.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person told us, "Oh yes, the staff look after me really well." A visiting relative told us, "Yes, they are safe. I've no doubt about that." An external social care professional wrote and informed us, 'The family have reported that they are very happy with the level of support being provided to X (person who lived at the home) in keeping them safe and maintaining their wellbeing. Each time I have visited Wray Park I have observed that the care staff are very attentive to the residents in providing a high level of service and maintaining the residents safety.'

Systems and processes were in place to safeguard people from harm. Since our last inspection staff had undertaken adult safeguarding training. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One member of staff said, "We have to report straight away. Tell X (registered manager) and social services."

The registered manager demonstrated knowledge and understanding of safeguarding people and his responsibilities to report concerns to the relevant agencies. Information was available to staff about the reporting procedures if they had concerns about people's welfare and safety. The policy had been reviewed and updated since our last inspection to ensure it reflected local reporting procedures. Monitoring systems had also been reviewed and now included a process for ensuring when incidents and events occurred management had oversight and when necessary information was shared with the local authority safeguarding team.

People said that overall there were sufficient staff to care for people safely. One person told us, "Well I don't wait for someone to help me if that's what you mean. It depends when you need help. If you ask in the mornings you might wait a little while but not long. The staff are very busy then. But other times they are there." A visiting relative told us, "I don't hear call bells going off all that often and they are answered straight away when they do. I don't usually have to wait outside for someone to answer when I visit and that could be any time." Staff also said that staffing levels were sufficient to meet people's needs.

On the day of our inspection, there were sufficient staff on duty and people received assistance and support when they needed it. There were four staff on duty of a morning, three during the afternoon and two staff of a night. In addition to this, the quality assurance manager for the organisation was based at the home who acted as deputy manager to the registered manager. We were informed and records confirmed that there was a management presence at the home at least five days per week. Separate kitchen and domestic staff were also employed so that care staff could focus on supporting people who lived at the home. The registered manager told us that staffing levels were reviewed if there were changes in a person's needs.

The registered manager told us that there were never instances when the home had been short staffed as they could call on staff who lived in at the service to assist if required. Staff also confirmed this.

Robust recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

Medicines were managed safely. One person told us, "I have a lot of tablets and the staff are really good I get them. I never have to ask."

Staff told us there was regular training provided in medicines management. There was documentary evidence that a system to ensure all staff dispensing medicines underwent a process of regularly checking their competency to do so was in place.

The administration of medicines followed guidance from the Royal Pharmaceutical Society. We noted medicines trollies were locked when left unattended. Staff did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of painkillers. In addition, each person taking 'as needed' medicines, such as laxatives, had an individual protocol held with MAR charts. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. Staff were knowledgeable about the medicines they were giving.

Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medications were safely stored in lockable cabinets. There was a lockable room for the storage of medicines. Medicines requiring refrigeration were stored in a fridge, which were not used for any other purpose. The temperature of the fridge was monitored daily to ensure the safety of medicines.

Regular audits were completed to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of. There were also regular external audits, undertaken by the provider's assigned pharmacy.

Risks to people were managed safely. Potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to falls, pressure areas, malnutrition and moving and handling. When incident and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. For example, as a result of one person falling on steps in the home arrangements were made for these to be secured and the environmental risk assessment was reviewed. Since our last inspection the system for monitoring accidents had been reviewed and now included looking for trends and themes. The process also linked to people's risk assessments and care plans to ensure these were updated when incidents occurred.

All staff on duty carried a device on their person that they could use to contact other staff in the home if they needed assistance or if there was an emergency. Staff informed us this was used if people had accidents; one member of staff could then give emergency first aid whilst a second telephoned for an ambulance.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. Staff were observed assisting a person to move from one room to another using safe moving procedures. The person used a tripod walking

aid; staff stood next to them and offered encouragement whilst making the person aware of their surroundings. Checks on the environment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hot water and fire safety equipment.

Good

Is the service effective?

Our findings

At our last inspection in September 2015 a requirement notice was issued that related to consent to care. At this inspection we found that steps had been taken and that the requirement notice was met.

We checked whether the home was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted to the authorising authority for 11 people since our last inspection and the registered manager was awaiting an outcome of these.

Since our last inspection staff had completed mental capacity and DoLS training. Staff members could tell us the implications of DoLS for the people they were supporting. One staff member told us, "We have to assume the residents can do things for themselves unless we can prove they can't." A second member of staff said, "People have a right to do what they want to do. They have a right until it's proved they don't have capacity. We have to assume they have capacity and involve them in making decisions. If safety issues discuss with them and offer alternatives. We can't restrict freedom. For example, if walking around we can't say sit down. We have to monitor so they have freedom to walk around but in safe environment." Information about the MCA and the code of conduct was displayed in the office which all staff had access to along with information about the Office of Public Guardian and information they had produced about making decisions and consent.

There had been a complete review of the processes for assessing capacity since our previous inspection. The registered manager had obtained written confirmation of Lasting Power of Attorney from representatives of people who had been authorised to legally act on behalf of people. This included those who could make health and welfare decisions and those who could make financial decisions. Mental capacity assessments had been undertaken where appropriate. We noted these assessments were detailed and relevant. The assessments outlined in which specific areas of the person's daily life they were able or unable to make decisions. For example, one person was unable to make decisions about their finances or complex care needs, but was able to decide what clothes to wear and what they would like to eat at mealtimes. We also noted consent had been sought and obtained from people, relatives and representatives in areas such as information sharing and photography for identification purposes.

People said that the food at the home was good and that their dietary needs were met. One person told us, "I like it. It's very nice and they will always make you something if you don't like what's on the menu."

We observed the lunchtime dining experience and found that people received appropriate support based on their individual needs. Staff offered choices to people which included, "Shall I put your napkin on your lap for you?" "Would you like soup?" "Where would you like to sit?" Staff sat next to people and offered verbal prompts. For other people staff gave physical assistance to eat. We did observe one member of staff using words of encouragement that had the potential to confuse the person they were supporting. We spoke with the member of staff who confirmed they spoke words in a language the person did not know. We raised this with the registered manager who said they would address this with staff.

Staff, including kitchen staff were aware of people's dietary needs and how likes and dislikes and changes in people's special diets were communicated. People's likes and dislikes were documented and kept in the kitchen, accessible to staff. The chef received written information from care staff about people's preferences and requirements when someone first came to live at the home. We were told the head chef had control of a budget for the running of the service; there was no restriction on spending on food and drink.

The menu was based on a three monthly rota. Food was prepared on the premises and obtained fresh from local sources. There were two chefs working at the home, providing a seven day a week service. We noted there was a choice of meals on offer and that care staff asked people about their food preferences shortly before providing it. Our observations on the day confirmed this. If people changed their minds at the dining table, alternatives were offered. The provider had also employed the services of a nutritionist in order to ensure people received a balanced and healthy diet.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. The provider involved a wide range of external health and social care professionals in the care of people. For example, one person with complex needs was under the care of a physiotherapist, a Specialist Practitioner for Parkinson 's disease, a social worker and a Consultant Surgeon. We noted advice and guidance offered by these professionals was followed by staff.

Staff were skilled and experienced to care and support people to have a good quality of life. Staff said that they felt fully supported. One member of staff said, "I've done dementia training so that I can take care of the residents. I have also done my NVQ 4 and diploma in health and social care."

Since our last inspection the registered manager had reviewed the training matrix, the training requirements of staff and provided additional training to staff. All staff including the registered manager had completed fire safety, safeguarding, mental capacity and DoLS. The majority of staff had also completed training in areas that included first aid, infection control, dementia awareness, confidentiality, nutrition and hydration and equality and diversity.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Staff said that they were fully supported. All of the staff we spoke with had received recent, formal supervision or a yearly appraisal. One staff member said, "I feel fully supported."

Good

Is the service caring?

Our findings

People were treated with kindness, dignity and respect. One person told us, "The girls (care staff) are really kind and caring. Nothing is too much for them. I've no complaints at all." A visiting relative told us, "The staff are really caring. I can struggle to understand some of them because of a language barrier but they're very caring. The manager and staff will always let me know if there have been any changes." A external social care professional wrote and informed us, 'I find all members of staff to be very caring, especially as many of the residents have a diagnosis of dementia which means they have additional care needs in keeping them safe.'

Staff were respectful and kind to people living at the home. We observed instances of genuine warmth between staff and people. For example, when we were talking to one member of staff in the office a person who lived at the home came into the room. The member of staff held the persons hand, obtained eye contact with the person, smiled and invited them to sit and join us. The person did not respond to this invite and the member of staff then offered to put music on to which the person smiled and responded positively.

We observed positive interactions between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and receive appropriate care. It was evident throughout our observations that staff had enough skill and experience to manage situations as they arose and meant that the care given was of a consistent standard. For example, we noted at lunchtime that those requiring assistance with their food were helped in a dignified and discreet manner.

People said that they were involved in making decisions about their care as much as they wanted to be. An external social care professional wrote and informed us, 'When I have visited Wray Park X (registered manager) has always come to speak with X (person who lived at the home), the family and myself. I have observed him with the other residents and care staff. He has always shown that he is very supportive of everybody.'

People's care plans and risk assessments were reviewed regularly and signed by staff and relatives or representatives. We found evidence that people or their representatives had regular and formal involvement in on-going care planning or risk assessment. Consequently, there were opportunities to alter the care plans if people and their representatives did not feel they reflected their care needs accurately. A member of staff explained that it was important to involve people and their relatives. They said, "Not only should we make family welcome when they visit but it's important to keep them involved. Discuss care options and outcomes."

We noted care plans contained a section entitled, 'Dignity in Care'. These were individualised and contained information for staff concerning how that person liked to be treated, what their care preferences were and the importance and method of gaining their consent before acting.

Staff understood the importance of respecting people's privacy and dignity. One member of staff explained,

"Be patient. When helping close curtains and cover with towels. Take your time and don't rush. Always give dignity. It can be embarrassing for them so try and make them feel relaxed." Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were appropriately dressed. Men were shaved and some women had their hair set.

Bathing facilities in the home were being refurbished and would promote people's privacy. Ensuite facilities were being changed and would result in people having individual wet rooms for bathing.

Good

Is the service responsive?

Our findings

People received responsive care based on their individual needs. An external social care professional wrote and informed us, 'All members of staff are responsive and on hand to give assistance and support to the residents.'

People's needs were assessed and care and treatment was planned and delivered to reflect their individual needs. Care plans were legible, person centred and securely stored. People's choices and preferences were documented. We noted personal and social histories were contained within them. Whilst these were not extensive, we noted more detailed information was kept in other parts of the care plans. It was possible to 'see the person' in them.

Care plans contained information about people's care needs and actions required in order to provide safe and responsive care. For example, one person had lost 22.4 kg in weight during the course of one year. Their body mass index (BMI) had dropped from 33.8 to 25.5. The person's GP had been notified at an early stage and a cause established. Staff had monitored the person's weight regularly, which had stabilised. The person's BMI was now in a healthy range; that is, the weight loss was beneficial to the person's health.

Another person's care plan showed they had an indwelling urinary catheter in place. This is a tube that drains urine directly from the bladder. This person's care plan contained specific guidance and action planning around the management of the person's care in this area. For example, the person received a continence assessment and had been recently reviewed by a GP. Advice and guidance given by them had been followed; risk factors such as possible infection of the catheter site had been recognised and preventative measures put in place.

We noted several examples of person centred care being delivered in care plans. For example, one person suffered from hallucinations as part of a medical condition. Their care plan contained detailed information about how staff should manage these and keep the person and others living at the home safe.

Staff were informed about people's changing needs during shift handover and at staff meetings in order that they delivered responsive care. For example, during the August staff meeting a discussion took place about a person's care plan and a reassessment the person had by the Speech and Language Team.

There had been a change in activity staff since our last inspection. The new activity coordinator had been employed since September 2016. They told us that they also worked at two other homes owned by the registered provider. Since being in post the activity coordinator had increased the home's engagement with the wider community. This included trips to local pubs and restaurants and intergenerational work with schools, churches and youth movements. We asked how these activities were decided and how much input came from people themselves. We were told people were approached individually and their opinions and preferences gathered one to one. We also asked if there was enough time to undertake the role effectively, especially in the light of it being spread across three homes. We were told care staff often contributed to the provision of meaningful activities and occupations. Our observations confirmed this. We were also told an

expansion of the service was underway and another staff member was being actively recruited. Information about forthcoming activities was displayed in a colourful pictorial format that would help people who were living with dementia to understand the choices available to them.

People appeared to enjoy the activities that took place on the day of our inspection. During the morning people joined in a sing a long session. People were seen smiling and rocking to the sound of the music. Whilst this was taking place another person played board games on a one to one basis with a different member of staff. During the activity both the person and member of staff had a cup of coffee and biscuit and were heard to have a positive and friendly conversation. During the afternoon armchair exercises took place with the use of soft balls.

People were supported to raise concerns and complaints. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Information of what to do in the event of needing to make a complaint was displayed in the home. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. There was a system in place for responding to complaints however no formal complaints had been raised since our last inspection.

The registered manager proactively advised people to raise issues and concerns at an early stage in order that they could be resolved. For example during the October residents and relatives meeting the registered manager reminded everyone that if they want to discuss things in private he was always available. The registered manager also stated, 'This should not be seen as a complaint but as a way to improve our service.'

The home had received 29 compliments since our last inspection. These had been analysed and a large print colour report published of the findings. The analysis identified greatest satisfaction in relation to the quality of care provided, quality of food, care plans and communication. Although there had been no formal complaints the analysis of compliments was used to improve the standards of service provided to people further. For example, it was the intention of the registered manager to introduce electronic care plans. This showed a commitment by the registered provider to use the views of people to continually drive improvements.

Good

Is the service well-led?

Our findings

As a result of our inspection in September 2015 a requirement notice was issued in relation to quality assurance systems. At this inspection we found that sufficient steps had been taken and the requirement notice was met.

People said that the home was well-led and that the registered manager was approachable. One person pointed to the registered manager and said, "Him, he's funny and very nice." A member of staff said, "The owner of this place (who was also the registered manager) is not only here for you as a member of staff but treats you like family. If you are not smiling he notices and calls you in the office and asks what is wrong. This benefits us and the residents. If staff are not happy it can affect the residents."

A second member of staff said that since our last inspection, "Improvements have been made in everything. We looked at what CQC said and improved everywhere".

Since our last inspection the quality assurance processes in the home had been reviewed and expanded in order that all aspects of the service were audited. This helped ensure that quality standards were maintained and legislation complied with. Audits included infection control, medicines, accident and incidents and health and safety. Monthly care plan audits had also taken place where two peoples care records were audited to ensure they were current and reflected their needs. Action plans were in place for areas that required improvements. These demonstrated that issues were dealt with and addressed in a timely way. For example, as a result of the fire audit five emergency lights were replaced in the home. The quality assurance manager told us that they intended to introduce a more detailed auditing structure that would include an overall action plan that brought together the findings from each individual audit.

The registered manager was aware of the need to create a positive culture at Wray Park Care Home and had taken steps to ensure this was inclusive and empowering. Everyone that we spoke with said that the registered manager was a good role model. One member of staff said, "He (registered manager) has a heart of gold and he really cares about the residents. In staff and relatives meetings he always says if people are not happy about anything they should feel able to talk to him directly." Staff were motivated and told us that they felt fully supported and that they received regular support and advice. Records and discussions with staff confirmed that staff meetings took place and people were encouraged to be actively involved in making decisions about the service provided. During the October staff meeting the registered manager discussed CQC and staffs understanding of safe, effective, caring, responsive and well led care. He advised staff of what these meant for people who lived at the home. During the meeting the registered manager also praised the staff and told them, 'You all are doing a very good job.'

The registered manager understood the importance of involving and informing people and their representatives in decisions about the home. Peoples views had been sought about the quality of service provided, the findings analysed and a report published in October 2016 that was on display in the home. The report had been produced in large print colour format that helped people with visual impairments. The report was detailed and informative, broke down the numbers of people who responded, rankings against

each question and further analysis of unanswered questions and why these were not responded to. The majority of responses stated that people were happy with the care provided, quality of staff, meals and management. Activities were identified as an area for development. This had been acted upon with greater choices now available that included trips out in the community.

Since our last inspection the registered manager had introduced a 'Residents Family Forum' as an additional venue where people express their views about their care and also the running of the home. during the October meeting the registered manager informed people, 'The intention of the forum was for everyone to have an opportunity to contribute to the way we run things at the home and to air any comments or concerns, so that we can all work together to improve the quality of care provided.' This showed a commitment by the registered manager to listen to people and to put them at the heart of the service.

The registered manager had sourced and made available information that all staff could access that was relevant to them providing care and support to people. The registered manager told us, "Clients welfare is paramount and my priority." Information included Public Health England guidance: Winter Readiness for Care Homes and CQC guidance: Key Principles of CQC inspection. Staff were aware of the registered providers whistle blowing procedures and how this offered protection to people. Policies and procedures were accessible to staff if they needed to refer to these.

Prior to our inspection the registered manager completed and returned the PIR as we requested. The PIR was accurate and reflected the evidence gained during our inspection.