

## Coverage Care Services Limited

# Farcroft

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Farcroft is a residential care home. They are registered to provide accommodation with personal care for up to 41 people. There were 36 people living at the home during our inspection, some of whom were living with dementia. People were cared for in four units over two floors. The Kensington unit was situated on the first floor and provided respite support for people who accessed the home on a short term basis. On the ground floor were the Balmoral, and Sandringham units that provided support to people with physical health needs. Also on the ground floor was the Windsor unit which provided support to people living with dementia.

At the last inspection on 15 July 2015, the service was rated Good. At this inspection we found that improvements were required and we have changed the rating to requires improvement.

The provider had a range of quality monitoring systems in place to identify areas for improvements. However, these had not identified all the concerns we found during our inspection.

The provider had not ensured people's medicine was stored safely and securely. This left people at risk of accessing medicines that were not prescribed for them and at risk of cross infection. There was also a risk that the effectiveness of medicines was compromised as they had not been stored at the temperature recommended by the manufacturers.

People received support to take their medicines when they needed them to promote good health. Staff monitored people's health and made healthcare appointments as necessary.

The provider had not consistently ensured decisions made on people's behalf were made in their best interests. Staff sought people's consent before they supported them. Staff provided information in a way people could understand to enable them to make their own decisions wherever possible.

Care plans were not always kept up to date and did not always reflect people's needs and the support provided by staff.

Food and fluid charts put in place to monitor concerns about certain people's nutritional intake were not consistently completed and it was unclear how much people had eaten or drunk. People enjoyed the food they received and were given choice. Snacks and drinks were made readily available to people.

People were protected from harm and abuse by staff who were able to recognise the signs of abuse and knew how to report concerns. Staff were aware of the risks to people and how to minimise them without restricting their independence.

People were supported by staff who were kind and caring. Staff treated people with respect and maintained their dignity. Staff had formed positive working relationships with people and their relatives. Staff often gave

up their free time to take people out and to complete fund raising events to make improvements to people's experience of the service.

People received care and support that was personal to them and responsive to their changing needs. People were able to spend their time doing things they enjoyed and had access to a range of activities should they wish to take part.

The provider sought people's views on the quality of the service to make any required improvements. People and their relatives felt comfortable to raise any concerns or complaints with staff or management. The provider had a clear complaints procedure and the registered manager conducted investigations where necessary.

There was an open and inclusive culture in the home. People and their relatives found the registered manager and management team easy to talk with. Staff felt were supported and listened to. They were able to access to training and support relevant to their roles.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People's medicines were not always stored safely and securely.

People felt safe as there were enough staff available to support them when needed.

Staff knew how to recognise the signs of abuse and who to report concerns to.

Risks to people's safety had been assessed and guidelines put in place to minimise these.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The principles of the Mental Capacity Act were not consistently applied and therefore, decisions made on people's behalf were not always in their best interests.

Staff felt well supported and received training relevant to their roles.

People enjoyed the food and were offered choice of what they wanted to eat and drink.

People were supported to access healthcare as and when necessary.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who were caring and kind.

Staff treated people with dignity and respect and supported people to remain as independent as possible.

People and their relatives were involved in decisions about their care.

Staff had formed positive working relationships with people and their relatives.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care and support that was personal to them and responsive to their changing needs.

People were supported to do things they enjoyed and had access to a range of activities should they wish to take part.

The provider sought people's views on how to improve the service. People and their relative felt comfortable to raise concerns with staff of management.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

The provider had a range of quality monitoring systems in place to identify areas for improvements. However, these had not identified all the concerns we found during our inspection.

There was an open and inclusive culture at the home. People, their relatives and staff found the registered manager and management team easy to talk with.

# Farcroft

## 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 checked 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 was a comprehensive inspection, which took place on 3 and 4 August 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. Such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

We spoke with 14 people who used the service and six relatives. We met and spoke with the registered manager; the director of operations; the operations and performance manager; the deputy and assistant manager; four care staff one of whom was also the activity coordinator; two kitchen staff and one domestic staff member. We also spoke with a visiting healthcare professional. We viewed five people's care and medicine records. We viewed other records which related to the running of the service. These included complaints and the recruitment records for two staff. During the inspection we spent time observing how staff supported people and how they interacted with them.

# Is the service safe?

## Our findings

At our last inspection in July 2015, we found areas that required improved. These related to the provider's failure to effectively deploy enough suitably trained staff to meet people's needs and; to ensure that staff followed the provider's guidance in administration, storage and disposal of people's medicines. At this inspection we found that improvements had been made in some but not all areas and we identified further concerns. We have kept the rating as requires improvement.

People were happy with the support provided to help them take their medicines. One person told us, "They [staff] explain everything to you. If the medication changes they explain why and what it is for before giving it to you." We observed a staff member kneel down at a person's eye level. They smiled at the person before explaining what the medicine was and how they needed to take it. The staff member patiently gave the person their medicine spoon by spoon. Only staff who had received training on the safe administration of medicine and deemed competent were able to support people with their medicines.

Peoples' medicines were not always stored safely and securely. The provider had not ensured that the temperature of the refrigerator and the room used to store medicine had been monitored on a daily basis. We found that staff had failed to record temperatures for up to five consecutive days. We also found that the refrigerator temperatures recorded significantly exceeded the storage temperature recommended by the medicine manufacturers and guidance set by the provider. Staff had not reported the issue and no action had been taken. This meant that the effectiveness of the medicines stored in the refrigerator may have been compromised. We also found that medicines were not always stored securely. We saw that a prescribed cream and eye drops were kept in a communal fridge along with food items. This left people at risk of accessing medicines not prescribed for them and at risk of cross infection. When we spoke with the registered manager about these concerns, they took immediate action to prevent reoccurrence.

People felt that there were enough staff to meet their needs. When asked if they received support when they needed it one person told us, "I needed to go to the toilet not so long ago and they [staff] helped me. They come as soon as they can." They went on to tell us that staff also checked in on them regularly throughout the night. Another person said, "They [staff] are there when I need them. I only have to ring the bell and they come." A further person said, "If someone else needs help you expect to wait a bit but you know you are safe. They will look after you when you need it." Staff we spoke with said there had been some staffing difficulties as there had been staff sickness, and some staff had left and they were waiting new staff to start. They said the management team made good use of staff time and were always asking them to cover shifts. Since the last inspection the registered manager had made improvements to how staff were deployed. They confirmed they had recruited new staff and were waiting for recruitment checks and training to be undertaken. They said they monitored and adapted staffing levels dependent on people's needs and occupancy levels at the home. During our inspection we observed that there were enough staff to meet people's needs in a timely and unhurried manner.

People felt safe living at the home. One person said, "I like it here and I feel safe here. There is always someone [staff], if I need them on the end of this bell that makes me feel safe." A group of three people we

spoke with told us, "We are well fed, well looked after and safe here, we are happy. One of these staff is always popping in to check on us." A further person told us, they felt safe as they had got a call bell in their room that extended to their chair, so they could reach it. A relative we spoke with said, "[family member] is safe here, they feel safe because they [staff] care."

People were supported by staff who had received training on how to keep them safe from the risk of harm or abuse. Staff were able to tell us about the different forms of abuse and how they would recognise if people were being abused. They knew how and who to report concerns of abuse or poor practice and were confident that the registered manager would take prompt action. The registered manager had reported concerns of abuse to the local authority and had notified us of such events. We saw they had conducted investigations where necessary and action had been taken to reduce risk of reoccurrence.

Risk associated with people's needs were routinely assessed, monitored and reviewed by staff. These included risk assessment of falls, to skin integrity and nutrition. Staff demonstrated they were aware of the risks and how to minimise them. We observed that people were supported to move around safely. We heard staff remind people to use their walking frames and to feel for the arms of their chairs before sitting down to prevent the risk of falls. One person had poor vision and we observed that staff gave them clear and consistent direction to enable them to walk around with their frame.

People told us staff managed accidents effectively, if needed they contacted their GP and informed their relatives. One person told us, "The staff were quick to look after me after a fall." Staff demonstrated they would respond appropriately to and report any accidents or incidents that occurred. We saw the provider had systems in place to monitor for any trends and took action to prevent reoccurrence.

The provider made the necessary checks to ensure prospective staff were safe to work in the home. This included references and Disclosure and Barring Service (DBS) checks. The DBS enables employers to make safer recruitment decisions. Staff we spoke with and records we looked at confirmed these arrangements. The registered manager informed us that prior to agency staff working at the home they ensured they had a profile of their training and confirmation of their identity.



## Is the service effective?

### Our findings

At our last rating we rated this key question as good. At this inspection we have changed this rating to requires improvement because the principles of the Mental Capacity Act were not consistently applied.

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 told us and we saw that staff obtained their consent before supporting them. One staff member explained that some people had difficulty making decisions for themselves. When they found this to be the case they said they tried to simplify things as much as possible. They put things to them in terms they could understand. For example, if people could not understand the meal options they showed them pictures of the food choices. Similarly if people had the mental capacity to make their own choices they would explain any risks to allow them to make informed choices. Staff described to us situations where they needed to make decisions on behalf of people in their best interests. However, we found that care plans lacked information about a person's capacity to make certain decisions. Where actions needed to be taken in their best interests, these were not always clearly recorded in the care plan. We found that, on two occasions, a relative had been asked to sign and consent on people's behalf but there was no evidence if the relatives held a Lasting Power of Attorney (LPA) for health and welfare. A LPA is a legal document that lets a person appoint one or more people to help them make decisions on their behalf. The registered manager was not aware that relatives had been asked to sign consent on behalf of the people involved. The principles of the MCA were not consistently applied. We therefore, were not assured that decisions made on people's behalf were always in their best interests.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had submitted DoLS applications for five people living at the home. They were waiting for the DoLS team to authorise these. In the meantime they had completed MCA and best interests meetings and considered the least restrictive measures to support people. For example, if a person wanted to leave the home they were supported to go out by staff or their relatives.

People we spoke with felt that staff had the knowledge and understanding to meet their needs. A relative told us, "I haven't met one [staff] yet who does not appreciate how [family member] is and the support they need." Staff told us they had good training opportunities and could ask for specific training if they wanted it. One staff member said they had found the dementia training particularly beneficial. It had taught them about the various forms of dementia and how these affected people differently. They felt this had helped them to develop techniques suited to each individual. They went on to tell us they had email reminders when training was due and timescales for completion. We saw that the provider had systems in place to monitor staff training needs and when refresher training was required.

Staff received a structured induction where they learnt about company policies. They received essential training such as moving and handling and health and safety prior to working with people. They also worked with experienced staff until they got to know people and their routines. They were not expected to work on their own until they felt confident and competent to do so. One staff member told us, "They don't throw you in at the deep end." They explained that they had left and returned to work at the home. They chose to return because they felt more supported working for Coverage Care as opposed to other providers they had worked for. Staff who had not had experience of working in care before were supported to complete the Care Certificate. The Care Certificate is a nationally recognised training programme which trains staff about the care standards required of them.

Staff felt supported in their roles and had regular one-to-one meetings with their line managers. This provided them the opportunity to discuss their performance and any training needs they may have. They felt they could approach the management team at any time for support and guidance. One staff member told us, "I feel comfortable going to management. They are lot closer to you here and you see them more here. You always feel supported." They explained that they had worked for other providers where they were not supported as well.

People and relatives we spoke with were happy with the quality and choice of food and drink available to them. One person told us, "The food here is very, very good not quite like home but really good." Another person said, "I like the food here, breakfast is really good you can have anything every day." A relative told us, "The food is excellent, second to none." We observed a staff member asking people what they would like for their meals the following day. They spent time with each person in turn to establish their choice. At lunchtime on the first day of inspection some people had changed their mind about what they had chosen the previous day. We saw that staff arranged for them to have their chosen alternative. We also saw that people were provided with additional helpings where requested.

We spoke with care and kitchen staff who demonstrated they were aware of people's dietary requirements. They catered for a variety of dietary needs, such as soft, gluten free and diabetic diet. The assistant chef told us that many of the people had been living at the home for a long time and they knew each one's likes and dislikes. One staff member told us, "We get to know them and what they like. I often take my breaks at the table to encourage them to eat." Another staff member told us if they had concerns about what people ate and drank food and fluid charts were put in place to help them monitor their intake. They were also told whether there were any concerns during staff handovers. Some people were on supplement drinks and fortified foods and needed lots of encouragement to maintain their nutritional intake. We observed that whilst food and fluid charts had been put in place for some people these were not consistently completed. The registered manager acknowledged the gaps in recording and agreed to provide additional training for staff.

People were supported to access healthcare services as necessary. One person told us, "Once when I felt unwell. I told them [staff] and they took my blood pressure straight away. I've only got to say and they are there." They went on to tell us that when they needed to go to hospital for an x-ray a staff member went with them. A relative we spoke with felt staff were quick to respond to changes in their family member's health needs. They explained that their family member felt warm at the weekend, they told the staff and they took their temperature straight away. They said that staff would arrange GP or district nurse visits as necessary. We observed that one person was supported to go to hospital by relatives during our visit. The registered manager confirmed that staff would escort people to appointments if relatives were unable to. Records we looked at confirmed contact with and outcomes of healthcare professional visits. The registered manager told us they had been working with the local audiology department who were now visiting the home every four months.

## Is the service caring?

### Our findings

People and their relatives were complementary about staff. One person told us, "I am very happy here, they [staff] look after you very well, all of the staff are very kind." Another person said, "They [staff] are very caring, they treat me with respect regardless." A relative we spoke with told us, "It is just the best place for [family member] they [staff] really, really care for them." Another relative said, "They [staff] are very kind and understanding. They are quite genuine and are patient with [family member] when they are upset." We looked at thank you cards and letters received. One read, "The staff showed my [family member] nothing but care and consideration, they were patient and understanding and went well beyond the call of duty to care for my [family member]. It was a massive relief to know that my [family member] was in a place of safety and receiving such good care."

Staff had formed positive working relationships with people and their relatives. One person said they got on well with staff and that staff made their relatives feel welcome when they visited. This was confirmed by a relative we spoke with. They said, "You can have a laugh and joke with them [staff] and they care." Staff felt it important to get to know people and their relatives well, as this helped them build up trust and facilitated good communication. Staff spoke fondly of people and were positive about their job roles. One staff member said, "I really love working here. I love the people." Another staff member told us, "They are all very much different. They are all lovely." Staff willingly gave their free time to support people to go out, or to take part in fundraising events to raise money to improve people's wellbeing. Staff spoke enthusiastically about funds they had raised towards the purchase of a summer house for the garden and this was in the process of being built. We heard staff talking with people about turning this into a café once completed and asking them for ideas of a name for the café. A staff member told us, "Everyone who works here is quite passionate. Staff are here for the people. All the staff help out when they are not in work."

People and their relatives told us they were involved in decisions about their care and support. One person said, "Some days I have breakfast in bed in my room and stay there until lunchtime. It is always my choice. You can please yourself here." Another person told us a staff members had asked them, "Would you like to have your hair done today? I can come down with you if you would like to." This person said they felt so much better for having it done and that they probably would not have bothered without the encouragement from staff. A relative told us, "I know the care plan. I am involved in planning it." They went on to tell us "They [staff] always telephone me if anything happens. If anything changes they let me know straight away. Another relative told us, "I am here every day, I am totally involved the majority of the time, I know exactly what [family member] should have and when." Staff told us they recognised people as individuals and acknowledged that each person liked things done differently. They always offered people choice. One staff member told us, "It's their home, it's about what they want to do." They went on to tell us they took time to talk with people; to get to know what was important to them and how they liked things to be done.

Staff treated people with dignity and respect. A visiting healthcare professional told us, "The home is always clean and they [staff] are very caring, they treat people with respect and dignity at all times." Staff told us, as well as ensuring people's privacy when providing personal care they also asked people if they were comfortable to be supported by them. They took time to explain what they wanted people to do to ease any

anxieties they may have. Staff also felt it was important to encourage people to remain independent as this helped their self-esteem. One staff member explained they gave gentle encouragement. For example, they said they may ask a person, "Would you like me to do this? How about I give you a flannel and you can wash your own face?" Another staff member told us, "I don't think it is fair to get people into a wheelchair when they don't need to use one." Throughout our visit we saw that staff talked with and about people with respect. They supported people in a patient and dignified way.

## Is the service responsive?

### Our findings

People told us that they received care and support that was responsive to their needs and wishes. One person said, "I have my personal space here and they [staff] all know me and know how important that is to me, we worked it through together." Another person said, "I want for nothing...I don't want to move from here, I am happy here." Relative's we spoke with found staff knew their family members well and responded promptly to their needs. One relative said, "I can ask staff to turn [family member] and it is done in a flash." Another relative told us, "[family member] gets very agitated and rubs their hands together. They [staff] sit and talk to [family member] and give them some cream to rub in to their hands." A visiting healthcare professional told us, "When they [staff] are attending to me, they don't lose sight of anyone who may need help."

Staff we spoke with had a good knowledge of the people they supported including their likes and dislikes, their personal history and routines. One staff member told us, "We get to know them so well, even the slightest change in behaviour, we notice it." Another staff member said, "You get to know everything about them [people]." They went on to tell us they worked at people's own pace to ensure they were comfortable and at ease. Staff described person centred care as being all about the person and their wishes. One staff member told us they were able to achieve this by knowing the people and their routines and organising themselves so that they were available when the person needed their support. Another staff member said, "I make a point of reading their care plans. I get to know their patterns and get to know them, by working and talking with them." Staff told us they were kept informed about any changes in people's needs during staff handovers and through conversations with their colleagues during their shifts. We found that some people's care plans were not kept up to date and did not always reflect people's needs or the support provided by staff. This had not impacted on the people involved as staff knew them and their needs well. When we spoke with the registered manager they acknowledged this shortfall and told us they would make the required improvements.

Staff were responsive to changes in people's needs/moods. Staff told us and we saw that they monitored people's behaviours where necessary. They used behaviour monitoring charts to establish if there were any triggers for changes in people's behaviour. We saw that they recorded the outcomes of their interventions to establish the most effective ways to support people. Staff were able to tell us about the different triggers they had identified for some people. They shared this information with workers from the memory service who also provided guidance and support.

People were able to spend their time doing things they enjoyed and could take part in arranged activities if they wished. One person told us, "I like to keep myself occupied. We do have some entertainment, but I can't stand the noise." They explained they had hearing problems and were waiting for audiology to visit to 'sort out' their hearing aids. They went on to say they enjoyed watching horse racing on the television and doing word searches. They sometimes went out with a staff member to the local supermarket to get their 'bits and bobs'. Another person said they looked forward to playing bingo. However, two people we spoke with felt there was not enough to do. They said, "Bingo is good but it doesn't happen very often." When we spoke with the registered manager they told us they had just been allocated more hours to increase

entertainment. They were members of National Activity Providers Association (NAPA) and referred to them for ideas for activities. NAPA is an organisation that trains staff how to provide meaningful activities for people. The activities coordinator also shared ideas with their peers from other homes. The registered manager was about to introduce new activities such as, a pub night and were exploring what else people would like to do.

Staff told us that they liked to find out people's interests before they moved into the home. When they moved in they encouraged conversation with people around their interests and things that were important to them. They found this helped them settle into their new environment. A staff member told us that one person had an interest in fashion. They would often help them get their clothes out and rearrange their wardrobe. The activities coordinator told us, "I ask people what they would like to do and work around them." On the first day of our inspection they were helping people to do some sponge painting. There was an activity planned for each day, in addition to this people were supported to follow their interests. One person said, "I love reading and there is a library here with quite a good selection." Another person told us they had an interest in a particular music group and they listened to their music in their room. A relative told us that staff had made an individual gardening book for their family member as they loved gardening. Staff gave them magazines to allow them to choose pictures of flowers they liked. Staff cut them out and put them in [family member's] 'special book'. They said, "[Family member] does look through it and it makes them smile."

People's cultural needs were known and supported. One person told us that the kitchen staff prepared them meals appropriate to their culture and that family also brought meals in for them. A religious representative visited the home on a bi-monthly basis. Three people received individual visits from curates or vicars of their own faith.

People were encouraged to personalise their rooms. One person explained they were able to bring in some of their own furniture and ornaments. The provider's handyman had put some shelves up for them to put their ornaments on. They said, "I've got a piece of home here which is nice." On the Windsor unit we saw that people had memory boxes by their bedroom doors. A staff member told us people were asked what they would like to have in them and were supported to make some of the contents.

People felt comfortable and able to raise any concerns or complaints with management or staff. One person told us, "If I've got a problem they [staff] will sort it out. If I had any concerns, I would tell staff, definitely I would." A relative we spoke with said, "If I have any concerns or complaints I can always go and see [registered manager's or deputy manager's name]. The door is never shut." We saw that the provider had a complaints process in place and that the registered manager investigated complaints as they arose.

## Is the service well-led?

### Our findings

At our last rating we rated this key question as good. At this inspection we have changed this rating to requires improvement because not all the requirements had been made and we found further concerns.

People and the visitors we spoke with told us, they found the registered manager and management team easy to talk with. One relative told us, "I think between them they [management team] do run it well. When [registered manager's name] is not here, there is always someone in command." A visiting healthcare professional described positive working relationship with staff and management. They said, "They're really open and very, very good." They went on to tell us staff were always available to speak to them about people's needs. We saw that the registered manager had a hands on approach and helped out on the units as necessary. People were observed to be comfortable in their presence and to be supported by them.

The provider had a range of quality monitoring systems in place to identify areas for improvements. We saw checks included an analysis of accident and incidents records; audits of medicines and care plans. However, they had not identified some of the concerns we had found during our inspection. We found that medicines were not always stored safely and securely. Care plans did not always reflect people's needs or the support provided by staff and food and fluid charts were not consistently completed; the principles of the Mental Capacity Act were not consistently followed as relatives had been asked to sign consent forms on behalf of people without the legal authority to do so.

The registered manager told us the aim of the service was to ensure that people got the best care. In order to achieve this vision they provided opportunities for people and their relatives to express their views on the quality of the service and any areas for improvement. Each year they conducted a survey on the quality of the care provided. They also arranged meetings at the home which people and their relatives were invited to attend. They discussed a variety of issues including what things people would like to do such, as outings and activities. We saw the minutes of a recent meeting where people asked for larger print on the notices provided. They had also requested that the television was turned off at meal times. We observed that their views had been listened to and this had been done. The registered manager also prepared a monthly newsletter to keep people and their relatives informed of developments within the service.

There was an inclusive working culture at the home where staff felt supported and listened to. One staff member told us, "I think [registered manager's name] is brilliant. They have been very understanding with me." Another staff member said, "[registered manager's name] is a good manager. You can have a laugh with them and they know when they need to be serious. It's nice to have a manager you can go to whenever you need support".

The registered manager used staff meetings to gain staff opinion and ideas on how things could be improved. One staff member told us, "[Registered manager's name] gives us the opportunity to put our views forward and by the next meeting it put in place." This was confirmed by other staff who told us they had highlighted that there was a lack of activities for people to take part in. As a result the care coordinator role was introduced to address this. They also told us that staff had a say in how the funds they had raised

could be best spent. The registered manager valued the contribution of staff and had recently introduced staff awards in recognition of staff's efforts.

The home maintained close links with the local community. People told us they enjoyed trips out to local shops and amenities. Relatives were invited to join their family members for tea once a month. Teenagers from National Citizens Service (NCS) had been into the home to do some work in the garden and a summer fete was recently held at the home.

The registered manager kept abreast of best practice through their on-line training providers, local training resources and the local hospice. They said, "The training we get allows us and staff to give the best possible care." They also offered apprenticeship placements at the home. They monitored staff's application of training into practice through frequent walks around of the home. They felt it was important to get to know staff and be able to identify when they needed additional support. As a good practice measure senior staff worked care shifts each week and were able to offer support and guidance as necessary. The provider had introduced human resource surgeries should staff have any concerns about their employment they wished to discuss. They also offered a counselling service to staff.

The registered manager was present during our inspection and demonstrated a clear understanding of the Regulations and the requirement to meet them. They had submitted statutory notification as necessary. They had also clearly displayed the ratings of the previous inspection in the reception area of the home and on the provider's website.