Care Quality Commission

Adbolton Hall Limited

Adbolton Hall

Inspection report

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Ratings

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

Overall summary

This inspection took place on 12 and 13 January 2016 and was unannounced.

Accommodation for up to 53 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 40 people using the service at the time of our inspection.

At the previous inspection on 15 July 2014, we asked the provider to take action to make improvements to the area of records. We did not receive an action plan in which the provider told us the actions they had taken to meet the relevant legal requirement. However, at this inspection we found that improvements had been made in this area.

There is a registered manager and she was available during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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 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. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Staff received appropriate induction, training, supervision and appraisal. However, people's rights were not always protected under the Mental Capacity Act 2005. Guidance was not always in place for staff on supporting people with behaviours that may challenge.

People received sufficient to eat and drink but their weight was not always being accurately monitored to ensure weight loss was identified and promptly acted upon. However, external professionals were involved in people's care as appropriate. People's needs were mostly met by the adaptation, design and decoration of the service, however, the experience of people using the quiet lounge could be improved and there were no showers available in the service.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

People did not always receive personalised care that was responsive to their needs. People were not being fully supported to follow their interests and take part in social activities. Care records mostly contained information to support staff to meet people's individual needs. A complaints process was in place and complaints were handled appropriately. Staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action. There were systems in place to monitor and improve the quality of the service provided.

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. The premises were managed to keep people safe.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Safe medicines practices were followed.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff received appropriate induction, training, supervision and appraisal. However, people's rights were not always protected under the Mental Capacity Act 2005. Guidance was not always in place for staff on supporting people with behaviours that may challenge.

People received sufficient to eat and drink but their weight was not always being accurately monitored to ensure weight loss was identified and promptly acted upon. External professionals were involved in people's care as appropriate.

People's needs were mostly met by the adaptation, design and decoration of the service, however, the experience of people using the quiet lounge could be improved and there were no showers available in the service.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with dignity and respect. People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People did not always receive personalised care that was responsive to their needs. People were not being fully supported to follow their interests and take part in social activities. Care records mostly contained information to support staff to meet people's individual needs.

A complaints process was in place and complaints were handled appropriately. Staff knew how to respond to complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

There were systems in place to monitor and improve the quality of the service provided.

Adbolton Hall

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 12 and 13 January 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nursing advisor with experience of dementia care.

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 contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home. We also contacted professionals who had been identified by the provider as regularly visiting the service.

During the inspection we spoke with six people who used the service, three relatives, a visiting healthcare professional, two domestic staff, three care staff, a senior care staff member, a nurse, the care coordinator, the deputy manager and the registered manager. We looked at the relevant parts of the care records of 14 people, four staff files and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. A person said, "Oh yes, I feel safe here." Another person said, "I feel perfectly safe here." Staff told us they felt people were safe at the home. A nurse said, "Yes definitely, the care delivered is good and the carers are really good. They advocate for the residents and they notice little things."

Staff we spoke with were able to describe the different types of abuse that people who used the service could be exposed to, and understood their responsibilities with regard to protecting the people in their care. Staff told us if they identified a concern they would report it to a manager or a nurse. A nurse told us they would report to the registered manager initially but they could submit a referral to the local safeguarding team if necessary. A staff member told us they had reported a concern soon after they started work at the home and the registered manager had dealt with it immediately. They said they had felt supported through the process.

A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety. Appropriate safeguarding records were kept.

Risks were managed so that people were protected and their freedom supported. A person told us that they were not stopped from doing anything they wanted to do. They could go to bed and get up whenever they wanted to.

Individual risk assessments were in place for people to assess their risk of falls, moving and handling, nutritional risk, and risk of developing a pressure ulcer. These had been reviewed monthly for most people. Where risks were identified, actions to mitigate the risk had been identified. When bedrails were being used, a risk assessment had been completed to ensure they were safe to use for the person.

Staff told us they were encouraged to report incidents and accidents. They completed a report form which was photocopied with a copy placed into the person's care record and a central copy was kept in a monthly file. We saw documentation relating to accidents and incidents and these were well completed and we saw action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

Staff told us they felt they had enough equipment to meet people's needs. One person said, "If we need additional equipment [the registered manager] will submit a requisition to head office and it is normally approved." We saw that equipment used was in good repair and was regularly checked and serviced.

We saw that the premises were well maintained and safe. Checks of the premises were taking place and action was taken promptly when issues were identified.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for almost all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A PEEP was not in place for a person who had recently moved into the home. The registered manager agreed to put this in place immediately. A business continuity plan was in place to ensure that people would continue to receive care in the event of unforeseen events.

There were sufficient numbers of staff to keep people safe. The majority of people we spoke with felt that there were sufficient staff to meet their needs. One person said, "There are always staff around. Staff come quickly when you need them." Another person said, "On the whole, there are enough staff on duty." However one person said, "They do need more staff. When staff come they only have two minutes. I have to wait a long time when I press the buzzer [for assistance]." Another person felt that staff were a bit rushed at mealtimes.

Staff told us they felt the staffing levels at the home were adequate to meet the needs of the people currently living at the service. One staff member said, "I have no concerns about staffing." Another staff member said, "Good staffing levels, there's always enough staff." Staff were present in communal areas to ensure people were kept safe. We observed that buzzers were responded to promptly.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's

Good

Is the service safe?

needs safely. Management 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.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service and for a person volunteering at the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work. We also saw that clear disciplinary procedures had been followed by the service when appropriate.

Medicines were safely administered. A person told us they got their medicines, including pain relief, when they needed them. We observed the administration of medicines and saw staff stayed with people until they had taken their medicines.

Arrangements were in place for the timely ordering and supply of people's medicines and we saw no evidence of gaps in administration due to non-availability of medicines. Medication Administration Records (MAR) contained a picture of the person so staff could check that they were administering medicines to the correct person. MAR front sheets did not have any details of the person's allergies or their preferences for taking their medicines. Some of the MARs themselves had the person's allergies identified but not all people's MARs contained this information. However, people's preferences were noted in their medicines care plan in their care records.

We reviewed the MARs for approximately 15 people and saw they had been completed consistently. When people were receiving nutritional supplements their administration was recorded on the MAR and any refusals were also recorded.

The application of topical creams was recorded on forms kept in each person's room. We examined the cream chart for one person and it had not been completed consistently, so it wasn't clear whether or not the cream had been administered. Another person's cream chart did not contain guidance for staff on where to apply the cream. The registered manager agreed to review the charts.

When medicines had been prescribed to be given only as required, there were no protocols in place to identify the specific reason for the prescription of the medicine along with information about cautions and interactions in relation to these medicines. This increased the risk of the unsafe administration of the medicines. However, when as required medicines had been administered the reason for giving these had been recorded.

We saw health checks had been made where these were required for safe administration. Records were kept of the site of application of transdermal medicines patches to ensure rotation of the site of application and safe administration. A transdermal medicine patch is placed on the skin and releases small amounts of a medicine into the blood stream over a long period of time.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. However, we noted the medicines refrigerator was unlocked although situated within a locked room. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits. Liquid medicines and topical creams were labelled with the date of opening to ensure that they were not used beyond their expiry date.

Staff had attended medicines training and had their competency to administer medicines assessed annually. Medicines policy and procedures were in place to support staff to administer medicines safely.

Requires improvement

Is the service effective?

Our findings

A person told us staff were competent. They said, "They're definitely good at their jobs." A healthcare professional said, "I trust [staff]. I trust their judgment." We observed staff effectively support people.

Staff told us they had had a comprehensive induction and had undertaken essential training. Training records showed that staff attended a wide range of training which included equality and diversity training. A training plan was in place to ensure that staff remained up to date with their training.

Staff told us they were reminded when their mandatory training was due and they were supported to undertake nationally recognised qualifications in care. They said that if they identified a training need, training would be provided. They said they had six supervision meetings each year and an annual appraisal. Supervision and appraisal records contained appropriate detail. Staff worked a probationary period and we saw that they received frequent supervision until the period was complete.

People told us that staff checked their wishes before providing care. A person said, "They explain what they want to do." We saw that staff talked to people before providing support and did not act against a person's wishes. Staff told us they always offered people choices wherever possible. One staff member said, "We know [people's] preferences but we always offer them choice." Another staff member described when they stopped providing personal care for a person when they indicated that they wanted a female staff member to provide the care for them.

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). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were not followed consistently. Mental capacity assessments and best interests' documentation had been completed for one person but not for another person who lacked capacity and a DoLS application had been made for. This meant that there was a greater risk that the person's rights had not been protected.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. DoLS applications had been made appropriately, however, an out of date DoLS checklist to identify potential DoLS issues was being used which meant that there was a greater risk that these issues would not be correctly identified and people's rights would not be protected.

We saw the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. There were DNACPR forms in place and most had been completed appropriately. Two DNACPR forms were not fully completed and the registered manager agreed to contact the GP to review these forms. Another person's care record contained conflicting information regarding whether they should be resuscitated. We raised this with the registered manager who immediately clarified this following discussion with the relevant GP.

Guidance for staff on supporting people with behaviours that may challenge others was not always sufficient. Three people had this identified in their care plans and their behaviour was described, but there was little information for staff on how to manage this behaviour and the strategies which might be used to gain their cooperation. Staff told us they did not use restraint. They said if a person refused care they would try different staff to see if this made a difference or they would come back later.

People told us they had enough to eat and drink. One person we talked with had difficulties in swallowing and they said they were limited in what they could eat but staff would offer them yoghurts and drinks and gave them time to finish when they assisted them. Another person said, "The food tastes good and I have plenty to drink." A relative told us the catering staff had arranged to meet with people and their relatives to discuss the menu with them and their preferences. Staff we talked with were aware of people who had food allergies and special requirements in relation to food and nutrition.

Requires improvement

Is the service effective?

We saw that drinks and snacks were offered and given to people throughout our inspection. We observed the lunchtime meal. People received their meals promptly and when people needed assistance staff sat and helped them without hurrying the person.

Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that these were completed consistently. People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required.

When people were identified to be losing weight they were weighed monthly and actions put into place to address this. There appeared to be some inconsistencies in the weights recorded for a number of people which were unlikely to be due to weight loss and there was no documentation to demonstrate that these had been identified and investigated. When we talked with the manager they told us they were aware and had felt there may have been some problems with the way people were being weighed. They had made staff aware of the issues to ensure weights were more accurate in the future. There was evidence of the involvement of a dietician for people who had been losing weight.

One person was receiving nutrition from a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff were involving an external professional and supporting the person appropriately with this need.

A person we spoke with told us their GP visited them from time to time but said, "I had to be firm [with staff] to get to see the doctor this time." They said they had mentioned their health issue to staff on a couple of occasions but it was not until they told staff firmly that they wanted to see the doctor that the visit had been arranged. However, other people told us that they saw the GP and other professionals if they needed to. A visiting professional who we contacted prior to the inspection told us that they had never had any concerns that people's symptoms had been neglected. A healthcare professional told us that that staff worked well with them and followed guidance given.

We were told a GP from the local GP practice visited the home every week. The nurse told us they identified a list of people for the GP to see and they let the practice know in advance so the GP could access the person's health record prior to the visit. They said if a person needed a visit between the regular visits they would contact the practice and a GP would attend.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had had access to a GP and other health professionals such as a dietician and optician. We saw that people's health conditions were regularly monitored, for example people with diabetes had their blood sugar levels measured and appropriate action was taken where necessary.

Where people required pressure relieving equipment and assistance with changing their position, the equipment was in place and at the correct setting. However, records to indicate their position had been changed in line with their care plans were not fully complete for one person. This meant that there was greater risk that the person was not receiving care to minimise their risk of skin damage.

Adaptations had been made to the design of the home to support people living with dementia. Information was displayed to help people to orientate themselves to the date and time. Handrails and toilet seats were a different colour to their surroundings to support people living with dementia who might have visual difficulties. Bathrooms and toilets were clearly signed and people's individual bedrooms were identifiable. The registered manager told us that they would be carrying out further work to support people living with dementia including directional signage to support people to move independently around the home.

The small quiet lounge was used as a thoroughfare for staff to access the outside area during their breaks. The registered manager agreed to review this to ensure that people were not disturbed so frequently in this lounge.

The home did not have any showers available for the people who used the service. People who used the service did not tell us that they wanted to have a shower, but the registered manager felt that it could be a relevant consideration for people in the future and that they would be gathering quotes for this work in the near future.

Good

Is the service caring?

Our findings

People we talked with said staff were kind and caring. A person said, "Yes staff are very kind." A relative said, "Staff are really, really caring. I feel they are looking after [my family member] very well. I like how sometimes when I come; a member of staff is sitting with a [person who uses the service] and just holding their hand." They went on to say that when people could not communicate and were not responsive to staff, they felt touch was important and it showed staff cared.

Staff were able to describe people's care needs and their preferences. A person said, "Yes, [staff] definitely know me well."

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff were kind and caring in their interactions with people who used the service. We saw staff respond quickly and appropriately to a person who became ill during lunchtime.

People and their relatives were actively involved in making decisions about their care. Care records lacked written evidence of the involvement of people and/or their relatives but people we talked with told us they had been involved in their care plan and staff had asked their views. One person said, "Yes I've seen my care plans."

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Where people could not communicate their views verbally their care plan identified how staff should identify their preferences. We discussed with staff the communication needs of a person whose first language was not English. They told us they were able to communicate using simple words and body language but agreed it would be useful to be given some simple words in the person's first language to support them to better communicate with the person. The registered manager agreed to provide this information to staff.

People told us that they were treated with dignity and respect and staff maintained their privacy. People told us staff took care to preserve their dignity during personal care. They said, "They cover you up as much as possible." They said staff knocked before entering their bedroom. A healthcare professional told us they thought there was a culture of dignity in the home. We saw staff were very careful to protect people's dignity when they were transferring them from their wheelchairs to their armchairs in the lounge using a hoist.

We saw staff take people to private areas to support them with their personal care and saw staff knock on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it. Staff were able to explain how they maintained people's dignity and privacy. We saw that staff treated information confidentially and care records were stored securely.

Staff received dignity training. The registered manager told us that staff had been previously identified as dignity champions but had now left. They told us that they would be reintroducing this role. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

A person told us that staff supported them to be as independent as they could be. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence. We were told a person kept their own inhaler used as necessary for their health condition. The necessary competency checks and risk assessments had been completed to ensure that the person was safe to administer their own medication and maintain their independence in this area.

Requires improvement

Is the service responsive?

Our findings

People did not always receive personalised care that was responsive to their needs. One person when asked if they were able to choose when they had support with their daily personal hygiene said, "I have to wait until they [staff] come."

We observed a person sitting in a chair in the quiet lounge and asking to be moved to another chair. Staff said there wasn't another chair available and they would enable them to use another chair after lunch. They said they would be going through to the dining room for lunch shortly and the staff member left the lounge.

Another staff member came into the lounge shortly afterwards and the person asked for their chair to be moved across the lounge. The staff member said they could not do this on their own as it would mean "dragging the chair." They left the lounge.

Another staff member came in shortly afterwards and the person asked to go through to the dining room. They were told they needed to wait until staff came to fetch them. (This person needed two people to transfer). This person did not receive prompt support form staff that met their personalised needs.

People were not being fully supported to follow their interests and take part in social activities. We did not see any activities during our inspection and we were told there was currently no activities coordinator but a new person had been recruited. One person said, "We're waiting for a new activity person." The registered manager said, "Activities are sparse at present. A person is going through the recruitment process at present." We looked at the activities recorded for a number of people and saw that there were no activities recorded between August and December 2015. There were limited entries since December 2015.

One person we talked with stayed in bed in their room. They said, "I like my own company. [Staff] put the television on for me and I can see out of the window and I am happy with that." Another person said, "We play skittles and listen to music. We go out in the garden when it's nice and we had a boat trip on the Trent in the summer." A relative said they did not see daily activities, but they mentioned a keyboard player who visited regularly on Thursday mornings and the hairdresser visited on a Thursday. They said, "They went all out at Christmas with things going on." They said there were also celebrations for Halloween.

People told us that their family members could visit at any time. We observed that there were visitors in the home during our inspection. A sign on the front door stated that mealtimes were protected in the home but visitors were welcome to visit outside of these times.

An admission assessment had been completed for each person and their care and support needs identified. Each person had care plans to address their care and support requirements. Most of the care plans we reviewed had been updated monthly, but some of the care plans for one person had not been updated for over three months. However, we did not identify any aspects of the care plans which did not reflect the person's current needs. We saw care plans were in place to manage people's health needs and a record of interventions required to maintain the person's health. However, we saw that guidance was not in place for staff to support a person with epilepsy in the event of them having a seizure.

There was information in place in some people's care records of their life history, preferences and interests. However, this information was limited in other people's care records. This meant that there was a greater risk that people would not receive personalised care that met their individual needs.

Care records contained information regarding people's diverse needs and provided support for staff on how they could meet those needs. We observed that two people were supported to follow their religious beliefs and staff were aware of those needs and how to meet them.

People told us they knew how to complain and would be comfortable doing so. One person said, "I'd go to the nurse in charge." A relative told us they had been provided with a brochure about the home when their relative was admitted and this contained information about how to make a formal complaint. However, they said, "I would go and see [the registered manager] first and I'm sure she would get it fixed."

Staff said if a person was unhappy with the service and wanted to make a complaint they would ask them to speak to the manager or inform the manager themselves.

Requires improvement

Is the service responsive?

We saw that recent complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

When we inspected the home in July 2014 we found that care records were not always accurate. At this inspection we found that improvements had been made in this area.

We looked at a large number of care records and found that the information was accurate and reflected people's current needs.

A person said, "Staff ask me if I have any concerns." Another person told us that they had attended meetings for people who used the service and that the registered manager saw them regularly to ask their opinion on the home.

Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. We saw that surveys had been completed by relatives, a visiting professional and staff. Responses were very positive. However, surveys were not sent to people who used the service and the registered manager agreed to review this.

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. The provider's values were in the guide provided for people who used the service and displayed on the main noticeboard; we saw staff acted in line with them. A member of staff said, "The care is excellent. I am proud of the care." Another staff member said, "We want everyone to be happy. It's their home." Another staff member said, "The care is phenomenal here."

We observed that the home was quiet and relaxed. There was a friendly atmosphere and people who used the service and staff joked with each other. Staff told us that they thought the home had a happy atmosphere. One staff member said, "It's a brilliant atmosphere. I love working here, everyone's lovely."

A person said, "The [registered] manager is easy to talk to." Another person said, "[The registered manager] comes round most days and asks you if you're ok." Another person said, "The [registered manager] is very efficient." A relative we talked with said the registered manager always made them welcome and was very approachable. They said they had not had any major concerns but when they had mentioned small things to the manager they had always been addressed.

A visiting professional who we contacted prior to our inspection told us that the registered manager was extremely professional and organised and this had a positive impact on the other staff working on the home. Another healthcare professional told us that the home was well-led and that the registered manager was a strong leader and there was a good deputy manager in place.

Staff told us the registered manager was approachable and they felt listened to. They told us the manager acted on any concerns raised with her. They said the area manager also made regular visits to the home and they were also supportive. A member of staff said, "[The registered manager] has the residents' best interests at heart. If we do something wrong she will tell you but she is also very supportive." Staff told us they had staff meetings every month to six weeks and there were also department meetings such as kitchen meetings.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the area manager and the operations director. We saw that all conditions of registration with the CQC were being met. However, we saw that a notification had not been sent to the CQC when required in relation to a safeguarding issue. The registered manager sent this immediately after the inspection. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of 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 deputy manager and the registered manager. Audits were carried out in the areas of infection control, care records, medication, health and safety. The registered manager told us that the area manager visited the home on a weekly basis but we did not see any reports completed by the area manager setting out their findings following their visits. We also saw that no regular night time visits had taken place to check the standard of care provided at night. The registered manager told us that they would be completing one shortly.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident and accident forms were completed. We saw that

Good

Is the service well-led?

safeguarding concerns were responded to appropriately. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.