Shankar Leicester Limited

Longcliffe Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Longcliffe Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Longcliffe Nursing Home provides personal care and accommodation for up to 42 older people some of whom have dementia. On the day of our inspection there were 26 people living at the service.

At the last inspection in October 2017 we found two continued breaches of the regulations. The service was rated overall Requires Improvement with an Inadequate rating in the Well led domain and a Requires Improvement rating in the Safe, Effective and Caring domains. The service was placed in special measures.

We inspected again on 24 and 25 July 2018. The first day of our visit was unannounced. This meant the staff and the provider did not know we would be visiting. During this inspection we found the provider had implemented the necessary improvements. At this visit we found evidence to demonstrate and support the overall rating of Good. The service is no longer in special measures.

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

People told us they felt safe living at Longcliffe Nursing Home. The staff team had received training on the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm.

People's care and support needs had been identified and the risks associated with their care and support had been assessed and reviewed. Plans of care had been developed for each of the people using the service and the staff team knew the needs of the people they were supporting well.

There were arrangements in place to make sure action was taken and lessons learned when things went wrong to improve safety across the service.

Checks had been carried out when new members of staff had been employed to check they were suitable to work at the service. Staff members had received an induction into the service and relevant training had been provided enabling them to properly support the people using the service.

People told us the staff team were kind and caring and treated them with respect. Observations made during our visit confirmed this.

The staff team supported people to make decisions about their day to day care and support and always

obtained people's consent to their care. They were aware of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) ensuring people's human rights were protected.

Whilst people were provided with their medicines safely, GP instructions had not always been followed. Protocols were in place and followed with regards to medicines prescribed 'as and when required'.

The staff team had received training on infection control and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit.

Most areas of the service were clean and tidy.

People's food and drink requirements had been assessed and a balanced diet was being provided. People received on-going healthcare support and had access to the relevant healthcare services.

Staff members felt supported by the management team and told us there was always someone available to talk with should they need guidance or support.

People knew who to talk to if they had a concern of any kind. A formal complaints process was in place and people were confident that any concerns they had would be taken seriously and acted upon.

Relatives and friends were encouraged to visit and they told us the staff team made them welcome at all times.

People were provided with the opportunity to have a say and to be involved in how the service was run. Regular meetings had been held and surveys used to gain people's feedback.

There were systems in place to monitor the quality and safety of the service being provided and a business continuity plan was available to be used in the event of an emergency or untoward event.

Further information is in the detailed findings below.

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.

Improvements were needed in medicines management.

An appropriate recruitment process was followed. People's thoughts on staffing levels varied.

People were kept safe from abuse and avoidable harm and the risks associated with people's care and support were assessed and managed.

Lessons were learned and improvements made to the service when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed when they first started using the service.

The staff team had received training and had the knowledge they needed to meet people's needs.

The staff team understood the principles of the Mental Capacity Act 2005. People's consent to their care and support was always obtained.

People were supported to maintain a balanced diet and were assisted to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

The staff team were kind and caring and treated people with respect.

People were offered choices on a daily basis and were involved in making decisions about their care and support.

Information about people was kept confidential.

Is the service responsive?

Good

The service was responsive.

People who were able had been involved in the planning of their care with the support of their relatives.

People's plans of care reflected the care and support they required.

A formal complaints process was in place and people knew what to do if they were unhappy about anything.

Is the service well-led?

Good

The service was well led.

Monitoring systems were in place to monitor the quality and safety of the service being provided.

The staff team working at the service felt supported by the management team.

People had been given the opportunity to share their thoughts on how the service was run.

The registered manager worked in partnership with other organisations including the local authority and safeguarding team.

Longcliffe Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 24 and 25 July 2018. The first day or our visit was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was people living with dementia.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed information we held about the service such as notifications, these are events which happened in the service that the provider is required to tell us about.

We contacted the health and social care commissioners who monitor the care and support of people receiving care at Longcliffe Nursing Home to obtain their views of the care provided. We also contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were 26 people living at the service. We were able to speak with eight people living there and three relatives of people living there. We also spoke with the provider, the registered manager, the deputy manager, two care team leaders, three support workers and two cooks. A visiting healthcare professional was also spoken with and they shared their views of the service being provided.

We observed support being provided in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care. We also looked at associated documents including risk assessments. We looked at records of meetings, recruitment checks carried out for three support workers and the quality assurance audits the management team had completed.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in October 2017, we rated the Safe domain as 'Requires Improvement'. We found work required to fix equipment used at the service had not always been completed and checks carried out on the environment and equipment to minimise risks to people's health and well-being had not always been recorded. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks.

At this inspection we found the provider had made the required improvements.

It was evident the necessary checks and actions had been carried out to make sure people were provided with a safe place in which to live. Regular safety checks had been carried out on the environment and on the equipment used. Checks had been carried out on the hot water at the service to ensure it was delivered at a safe temperature and yearly checks had been carried out on the portable appliances used, to check they remained in good condition. A fire risk assessment had been completed and fire safety checks and fire drills had been carried out. Personal emergency evacuation plans were in place in people's plans of care. These showed how each individual must be assisted in the event of an emergency.

Risks associated with people's care and support had been assessed when they had first moved into the service. Risks assessed included those associated with the moving and handling of people, their nutrition and hydration and the risks of falls. The risks to people were reviewed on a monthly basis to make sure existing and potential new risks were monitored. This meant whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team.

We looked at the way people's medicines had been managed and noted people did not always receive their medicines as prescribed by their GP. We noted in two people's medicine administration records (MAR), that whilst the staff member responsible for dispensing their medicines had signed to say they had given these, the medicines were still in the blister pack. We also noted one person had been prescribed a cream to be applied three times a day. This had been changed to 'as and when required' though there was no evidence to show that this had been on the instruction of their GP. The registered manager made contact with the GP following our visit to address this.

Monthly audits of the management of medicines had been carried out though the errors identified during our visit had yet to be picked up through this process. The registered manager told us the audits would be further strengthened to include a visual check of each person's blister packs. This would ensure any medicines left in the blister packs would be picked up and investigated.

For people who had been prescribed creams to be applied to their skin, the staff team were supporting them with this task. However, the form being completed to show this support had been provided, did not show what cream had been applied or to what area of their body. New documentation was put in place following our visit to address this.

We found medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were stored securely and monitored regularly. Protocols were in place for medicines prescribed 'as and when required' such as for pain relief and these gave clear instructions as to when and why the medicines were to be given.

On the first day of our visit we observed the care team leader give out the midday medicines to two people. They ensured all the necessary checks were completed; they supported the people to take their medicines appropriately and ensured the medicines had been taken before completing the MAR. One person explained, "I have medication, they give it to me regularly and never forget to give it to me." Another told us, "They tell me, and I understand what my medication is for."

An appropriate system was in place for the receipt and return of people's medicines.

The staff team had received training in infection control and followed best practice guidance in preventing the spread of infection. We saw personal protective equipment such as gloves and aprons were readily available and these were used by the staff team throughout our visit.

We noted whilst most areas of the premises were clean and tidy, some of the carpets, particularly in the corridors and in some people's bedrooms were stained and soiled. We were informed the provider was in the process of replacing a number of the carpets and a contractor was seen on the first day of our visit discussing suitable floor coverings with the maintenance worker.

The service had a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

The provider's recruitment process had been followed when new staff members had been employed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. A DBS check provided information as to whether someone was suitable to work at this service.

We discussed the provider's disciplinary processes with the registered manager as issues regarding this had been brought to our attention. We asked the registered manager to look into this further and take the necessary actions. The registered manager confirmed after our visit that the necessary actions had been taken in line with the provider's disciplinary policy.

The registered manager assessed people's dependency levels to determine how many support workers were required on each shift. Staff members we spoke with told us that on the whole, there were enough staff on the rota to meet people's needs however, staff sickness and the inability to get cover at these times had had an impact. One told us, "There's probably not enough at times, we manage but we run around. Sometimes there's only two on the rota and we ring the agency but they don't always come." Another explained "Staffing on the whole yes, most days are ok, but occasionally not. Two is too low for what I would expect." A third stated, "The staffing numbers are ok."

People's thoughts varied with regard to the numbers of staff on duty. One person told us, "They respond straight away when I press my buzzer." Whilst another explained, "There's not enough staff, two left last week and one is leaving this week. We have agency staff some weekends." The registered manager was actively recruiting at the time of our inspection.

Throughout our visit we observed the staff team at work. Call bells were answered promptly and staff

supported people in an unhurried way. We did note on both days of our visit there were long periods of time when people were left to their own devices, particularly in the main lounge. We shared this with the registered manager. They explained they had recently made changes to how the staff team covered each shift. This had had a positive impact and people's support needs were being met in a more timely manner. They told us they would monitor the staffing levels and remind the staff team of the importance of ensuring support and companionship was available throughout the day in the lounge area.

People felt safe living at Longcliffe Nursing Home and felt safe with the staff team who supported them. One person told us, "The staff here make me feel safe." Another explained, "The staff support me with my baths, I feel safe when they do and they check on me at night, that makes me feel safe." A relative stated, "I think that [person] is safe here, they stop you at the door and the security is good."

The staff team had received training in the safeguarding of adults and were aware of their responsibilities for keeping people safe from avoidable harm. One staff member told us, "I would report anything to the manager and then to HR if they did nothing." Another explained, "I would report it to [registered manager] and if she didn't listen I would go to yourselves or HR."

The management team were aware of their responsibilities for keeping people safe and knew what to do if they witnessed or any alleged or actual abuse was brought to their attention. This included alerting the safeguarding authority and the Care Quality Commission (CQC).

The staff team were encouraged to report incidents that happened at the service and the registered manager ensured lessons were learned and improvements were made when things went wrong. At our last inspection in October 2017, we found the auditing processes had failed to identify shortfalls within the service. Since then, the registered manager has worked on improving the processes to ensure the service is properly monitored and managed.

A business continuity plan was in place for emergencies or untoward events such as fire, flood or loss of power. It identified a place of refuge should an evacuation of the building be required and provided the management team with a plan to follow to enable them to continue to deliver a consistent service should these instances ever occur.

Good

Is the service effective?

Our findings

At our last inspection in October 2017, we rated the Effective domain as 'Requires Improvement'. We found that whilst mental capacity assessments had been completed, these were not always based on a specific decision and had not been reviewed to ensure they were still relevant. Family members had been asked to agree to their relative's care without having the legal authority to do so and people's dietary intake had not been effectively monitored where they were at risk of malnutrition.

At this inspection it was evident mental capacity assessments had been based on specific decisions and were in the process of being reviewed to ensure they remained relevant. 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. The registered manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. One person told us, "Staff do ask my permission before doing things for me."

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). The registered manager was working within the principles of the MCA. The staff team had received training in the MCA and DoLS and understood their responsibilities within this although one staff member shared they did find the topic rather confusing. We shared this with the registered manager for their attention and action.

People were encouraged and supported to make decisions about their care and support on a daily basis. During our visit we saw people choosing how to spend their day, whether to join in a social activity and what to eat and drink. One person told us, "I choose what clothes I wear." Another explained, "I choose what time I get up and what time I go to bed."

The registered manager explained that whenever possible, an assessment of need would be carried out prior to a person moving into the service unless they arrived as an emergency placement. This made sure their needs could be met by the staff team. Whilst there was limited evidence of assessments being carried out prior to people moving into the service in the care records we checked, it was evident that their care and support needs had been identified on arrival.

People received care and support from a staff team that had the skills and knowledge to meet their individual needs. The staff team had received an induction into the service when they first started working there and relevant training had been provided. This included training in health and safety, the safeguarding of adults, moving and handling and equality and diversity. This meant the staff team could support peoples diverse and individual needs safely and effectively. One support worker explained, "I have done all of the training, there is lots of training. I have done moving and handling and the last one was first aid."

Whilst some of the staff were aware of the condition sepsis and the symptoms to look out for, others did not. (Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs). One staff member explained, "People might seem tired and not responding, and generally feeling unwell. I would report it straight away." It was recommended that the registered manager provide information for staff to ensure they were all aware of the signs and symptoms of sepsis in order to keep people safe and well.

The staff team were supported through supervision and appraisal and they told us they felt supported by the management team. One explained, "I love the management, [registered manager] and [provider] are great, happy to solve any issues." Another told us, "I do feel supported, [registered manager] is really nice and always there."

The staff team were supported by a range of external health care specialists and care, treatment and support was provided in line with national guidance and best practice guidelines. Support was obtained from community nurses and the local community mental health team and guidelines on areas such as 'what a well fitted catheter should look like' and 'effective hand washing' were available for guidance.

People were supported to maintain a healthy balanced diet and they told us the meals served at Longcliffe Nursing Home were good. Relatives we spoke with agreed. One person told us, "The food is okay, if we do not like what the choices are, they would always offer you something else." Another explained, "I have enough to eat and drink, I'm never hungry or thirsty."

On the days of our visit we observed the dining tables were set with condiments, cutlery and napkins. Before the lunchtime meal was served the staff members put on aprons and gloves. For people who needed them, protective bibs were provided to protect people's clothing. A choice of two meals and deserts were offered, with other options available for those who did not want the hot choices. For example, we observed one person enjoying bread and butter with ham and tomato. Staff members were seen assisting people in a polite manner and supporting them to eat as much as they wanted. People who needed prompting and assistance to eat were supported by a member of the staff team who offered words of encouragement. We observed one of the people using the service was coughing repeatedly during the mealtime, a support worker came to their aid straight away and stayed with them until they were comfortable and no longer coughing.

The cooks had information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies and health conditions. They worked well with healthcare professionals and followed advice with regard to people's food intake. At the time of our visit none of the people using the service required their food or drink intake monitoring.

People had access to healthcare services and received on-going healthcare support. The staff team were observant to changes in people's health and when concerns had been raised, support from the relevant healthcare professionals was sought in a timely manner. For example, the staff team had been concerned regarding one of the people using the service because their health had deteriorated over the last few days. They contacted the GP and an ambulance was arranged and arrived during our visit to take them to hospital. The staff team worked with external agencies to provide effective care. This included providing key information to medical staff when people were transferred into hospital so their needs could continue to be met. One person told us, "The GP will come out when we need, and we see the chiropodist and the opticians too." A visiting healthcare professional explained, "They [staff at the service] ring up if they are concerned about anyone. There are always staff around and [registered manager] and [provider] are approachable."

People had access to all areas of the service. There were suitable indoor and outdoor spaces and there were spaces available for people to meet privately with others or to simply be alone.

Good

Is the service caring?

Our findings

At our last inspection in October 2017, we rated the Caring domain as 'Requires Improvement'. People were not always supported in a dignified or respectful manner.

At this inspection it was evident people were treated in a dignified and respectful way. People using the service told us the staff team were kind and caring and they looked after them well. One person told us, "Most of the staff have a very caring attitude." Another explained, "When the staff are giving me personal care, they treat me with respect, they close the curtains and the door."

Relatives we spoke with agreed their relations were treated with respect. One told us, "I have never seen anyone being treated with disrespect when I visit." Another explained, "The staff are always very caring."

Whilst people's thoughts were positive with regard to their dignity being respected, we did note one occasion when a person had not been given their call bell. They had to resort to banging a glass on their table to get staff members attention because they needed to use the toilet. This person was not treated in a dignified manner. We shared this with the registered manager for their information and action.

The staff team had the information they needed to provide individualised care and support because they had access to people's plans of care. These included details about people's past history, their personal preferences and their likes and dislikes. For example, one person's plan of care explained, 'Likes a coffee before settling and a snack.'

Staff members we spoke with gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One staff member told us, "I always cover [people using the service] up in case someone walks through the door." Another explained, "I close the door and curtains and keep a towel on them."

People were able to choose the gender of their carer if they had a preference. One person explained, "They did ask me, and I don't mind a male carer looking after me."

We observed support being provided throughout our visit. Staff had a good understanding of people's needs and they were seen supporting people in a friendly, kind hearted and relaxed manner. One person told us, "The staff come and speak to me, we have a chat and a bit of fun."

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available to them. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Relatives were made welcome and were able to visit at any time. One relative explained, "We have forged very good friendships with the care staff." Another told us, "Relatives can visit at any time."

A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy. One staff member explained, "I keep things to myself or talk to the manager. We don't talk about people in public, we do it in a private space." Another told us, "We don't talk out loud, rather get them to whisper in my ear."

Good

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives.

People's plans of care were up to date and covered areas such as, nutrition, mobility, and the personal care they required. They also covered people's health care needs including for one person, the support they needed to manage their diabetes and for another, the support they needed to manage their pressure area care. They had been reviewed on a monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting the community nurse when they had suffered an injury to their arm.

Handover between staff at the start of each shift ensured important information was shared, recorded and acted upon where necessary. People's progress was monitored and any follow up actions were recorded.

People's plans of care included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. A document entitled 'this is me' had been completed and enabled the staff team to gain an understanding of people's life histories and what was most important to them. We did note this document varied in content but acknowledged not all people wished to share this information.

People were supported to follow their interests and take part in activities of their choice. The provider had until recently employed an activities coordinator and records showed people were supported to enjoy a variety of activities. These included memory games, bowls and exercises. On the days of our visit, people were supported by a member of staff to enjoy a game of bean bag throwing and a game of cards. The registered manager had built relations with a local nursery and the children visited regularly. One person explained, "The children from the nursery comes to visit us nearly every week but it is too hot today." Another told us, "The church choir comes in as well sometimes." The registered manager explained they were recruiting to fill the vacant post of activities coordinator.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager understood their responsibility to comply with the AIS and was able to provide information regarding the service in different formats to meet people's diverse needs. This included information in large print and if necessary, languages other than English. The staff team knew people well and knew how each person communicated.

A formal complaints process was in place and people we spoke with knew who to talk to if they were unhappy about anything. One of the people using the service told us, "I did make a complaint once, it was sorted." Another explained, "I would talk to [registered manager]" A relative explained, "[Person] has no

concerns or complaints, they would tell me if there was something to complain about."

The registered manager had commenced exploring people's preferences and choices at end of life and an end of life policy was in place for the staff team to follow. For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes.

Good

Is the service well-led?

Our findings

At our last inspection in October 2017, we rated the Well led domain as Inadequate. Since September 2013 we have carried out six inspections. These were carried out in September 2013, April 2014, December 2015, June 2016, February 2017 and October 2017. At each of these inspections we found the provider had not met one or more of the regulations outlined in The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not been compliant with Regulation17, Good Governance in five of the six inspections making this a continued breach. Namely, the systems and processes in place to check on the quality and safety of service provided were not always effective. The provider had also failed to meet Regulation 20A Requirement to display performance assessments. We issued a fixed penalty notice for failure to display their rating for the second time.

We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found the provider had made the required improvements.

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

The provider was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on their website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.

The provider had systems in place to monitor the quality and safety of the service and the registered manager was using these to check the service on a regular basis. Regular audits on the paperwork held had been carried out. These included looking at the medicines held and corresponding records, people's plans of care and records of pressure ulcers, weights and falls. Records showed where issues had been identified, the appropriate action had been taken.

Regular audits to monitor the environment and on the equipment used to maintain people's safety had also been carried out. This made sure people were provided with a safe place in which to live.

People told us they felt the service was well managed and the registered manager and the staff team were friendly and approachable. One of the people using the service told us, "I know who the manager is, she comes around each morning and says good morning." Another explained, "This is like home from home for me."

Relatives agreed the service was well led and the staff team were open and friendly. One relative told us, "I know who the manager is, she is always available to speak to you, she and her staff are approachable." Another explained, "All the staff are friendly and approachable, it is well maintained, clean and there is no

odour here."

Staff members felt supported by the management team. They told us there was always someone available to talk to if needed. One explained, "I do feel supported on the whole, we have supervisions and appraisals and get a chance to discuss issues." Another told us, "[Registered manager] and [provider] are great and happy to solve any issues."

Staff members were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions, daily handovers and day to day conversations with the management team. One staff member told us, "We have staff meetings and you can speak out at them, we've not long had one." We noted in staff records that a group supervision had recently been carried out. This reminded the staff team if someone had been identified as requiring two support workers to assist them, two support workers must assist them, and not try to manage with one support worker. We observed the staff team supporting people appropriately during our visit.

People and their relatives had been given the opportunity to share their thoughts on the service being provided. This was through regular meetings and informal chats. One person explained, "We have meetings and when we make suggestions, they take them on board." Another told us, "We have residents' meetings, they keep us up to date as to what is happening."

The registered manager had also used surveys to gather people's views of the service provided. These had been completed by the people using the service, their relatives and members of the staff team. We did note whilst the information within the surveys returned had been studied, the outcomes had not been shared. The registered manager told us they would display the results for people's information.

The provider and registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.

The provider and registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.