

The Brandon Trust

Cheddar Grove Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of Cheddar Grove Nursing Home on 24 May 2016. When the home was last inspected in February 2015 we found one breach in the Health and Social Care (Regulated Activities) Regulations. The home had not always kept accurate records of people's care and treatment. This breach was followed up as part of our inspection.

Cheddar Grove Nursing Home provides accommodation and nursing care for up to 7 people. People at the home had a learning disability. At the time of our inspection there were 6 people living at the home.

A registered manager was in post at the time of our inspection. 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.

At the last inspection in February 2015 we found records relating to people's care and treatment were not always accurate. At this inspection we found improvements had been made to ensure records were up to date and accurate. Staff had been issued with clear guidelines around record keeping. Audits were in place so the registered manager and a senior staff member checked that records were accurate.

At our last inspection in February 2015 we found that a notification had not been sent to the Commission as required. Notifications are information about important events that affect people or the home. The registered manager now had systems in place to show when a notification may be necessary and to record that it had been submitted to the Commission.

The home ensured people were safe by having thorough recruitment procedures. Staff received on-going training to ensure they were skilled and effective in their roles. Staff were supported by regular supervisions with the registered manager. Staffing levels were safe. Recent adjustments to the staff team were being managed to keep a settled and stable environment for people.

Medicines were administered safely and regular checks were in place. People had assessments to minimise risk and there was suitable guidance for staff in risk management. People received the support they needed in nutrition and hydration. Systems were in place to monitor people's health and well-being.

We observed positive relationships between people and staff. Staff knew people well and respected people's dignity and privacy. Positive comments were made by relatives about staff's kind and caring approach.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager kept

clear records of the steps taken in the DoLS process. Staff were aware how the Mental Capacity Act 2005 was relevant to their role and applied the guiding principles through choice and enablement. When a person lacked the capacity to make a particular decision it was recorded clearly how this had been established. When a best interest decision was needed, this was fully documented with the involvement of family and health and social care professionals.

Staff were responsive to people's care and support needs. Care records were person centred, showing people's personal preferences. Staff supported people to be involved in a range of activities both within the home and in the community. Feedback was sought from people and relatives. This resulted in changes and improvements being made.

We received positive feedback about how the home was led and run. Regular staff meetings were arranged. This enabled staff to be involved in how the home was organised, gave opportunities for feedback and provided communication. Staff felt valued in their roles and commented about the positive atmosphere of the home. A range of systems were in place to monitor the quality of care provided to people.

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 home was safe.

Medicines were managed safely and appropriate checks carried out.

Safe recruitment procedures were followed and staffing levels were safe.

Staff knew how to identify and report safeguarding concerns.

Risk assessments were in place to keep people safe.

Is the service effective?

Good ●

The home was effective. People's care and support needs were met.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. People's rights were being upheld in line with the Mental Capacity Act 2005.

Staff were supported through effective induction, supervision and regular training.

People were monitored for changing healthcare needs and support given to access healthcare.

Is the service caring?

Good ●

The home was caring.

We observed positive relationships with people living at the home. Staff spoke to people with kindness and respect.

Staff were knowledgeable about people's needs and personal preferences.

Staff supported people in a way that respected their privacy and dignity.

People's visitors were welcomed at the home.

Is the service responsive?

Good ●

The home was responsive. Care and support was person centred.

People were supported to be involved in activities and accessing the local community.

Care and support was provided according to individual preferences.

Meetings and reviews were arranged so people could feedback about the home and their care and support.

Is the service well-led?

Good ●

The home was well-led and managed.

Feedback was positive about the registered manager and how the home was run.

Staff felt supported in their roles.

Effective communication systems were in place for staff.

There were systems in place to monitor the quality of care and support provided to people. Notifications were sent to the Commission as required.

Cheddar Grove 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.

The inspection was carried out by one inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

The people at the home had a learning disability and were not always able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with one person living at the home, the registered manager and three staff members. We spoke with two relatives of people that lived at the home. After the inspection we received feedback from two health and social care professionals. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People were not always able to tell us if they felt safe living at the home. One person told us, "I like it here, it is nice." We observed people being supported to be safe within the home. Staff communicated to each other to ensure people had the support they required when they needed it. Relatives told us they were happy with Cheddar Grove Nursing Home and felt it provided safe care. One relative said, "[person's name] is safe and well cared for." Another relative said, "It is a small and safe home."

Medicines were administered safely. People had a locked cabinet containing their medicines within their room. Medicines were received at the home every four weeks. These were checked and signed onto the Medication Administration Records (MAR) by a senior member of staff. Records showed how people preferred to take their medicines and gave guidance to staff on how to support a people. For example, one record said, 'with a beaker of water.' One person sometimes did not wish to take their medicines. Guidance was available for staff on what to do if this happened. Weekly auditing of medicines was completed by a senior staff member to ensure the system was safe. Storage temperatures of medicines were monitored. During the inspection a senior staff member included the recording of these temperatures into the weekly checks. Some people had 'as needed' medicines. There was no guidance for staff as to when these may be required. Staff we spoke with showed they were fully aware of when 'as needed' medicines would be required for people. However, new or agency staff may not be. The registered manager told us this would be addressed.

People at the home had complex needs. Individual risk assessments identified potential risks to people and gave clear guidance to staff on how to support people safely. Assessments included risks such as eating safely, safe use of wheelchairs and behaviours which may be viewed as challenging. For example, we reviewed an assessment detailing safe use of a person's lap belt on their wheelchair. Practical observations of staff were carried out to ensure safe practices were followed. For example, in hoisting and Percutaneous Endoscopic Gastrostomy (PEG) feeding.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. When needed the home use agency staff to cover any absences. Relatives and staff told us how being supported by unfamiliar staff could be unsettling for people. This was also recorded in people's care plans. One person's plan said, 'I get frustrated by unfamiliar staff as they don't always understand me. I don't like lack of continuity of staff.' The registered manager was aware of the impact unfamiliar staff had on people. The registered manager endeavoured to use the same agency staff to give continuity of care.

Guidance was in place with specific protocols to support people safely, in regards to areas such as medicines. Staff were given 'mini passports' to carry around with them. This included a photo and essential safety information about people. For example, for one person this was around their risk of choking. It gave guidance on supporting people safety and directed staff to where further information was located. This gave new and agency staff easily accessible guidance so they could check they were supporting people as directed and keeping to essential safety requirements.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received regularly training in safeguarding vulnerable adults. This was confirmed with the staff we spoke with. Staff were knowledgeable about the different types of abuse and how to recognise potential signs of abuse. Staff said they would report any concerns to a senior member of staff. One staff said, "I would call a senior and explain what I have found." We reviewed records that showed the registered manager reported concerns to the local authority safeguarding team when needed.

As part of our inspection we visited one of the provider's head offices where staff files were kept. These showed appropriate recruitment procedures were followed before new staff were appointed. Staff files showed an application form, full employment history, photographic identification, copies of qualifications, a minimum of two references and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, the stair lifts and mobility and transfer aids. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. A disaster plan was in place which gave procedures should the home experience emergencies such as a gas leak or electrical failure. An annual audit assessed all areas of health and safety and showed actions taken. For example, the disaster plan was included in the team meeting for discussion to ensure all staff were aware and up to date with its content. In addition to this weekly checks took place to ensure the home was safe.

The garden environment required some upkeep and maintenance as it was becoming overgrown and some furniture and equipment was broken. Care and activities plans showed that people enjoyed spending time in the garden. Therefore, it was important that it was safe and a pleasant space for people to use. The registered manager told us that work was due to start on repairing the wooden gazebo. During the inspection the broken garden umbrella was replaced.

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. Practice fire drills took place to ensure staff were confident of the procedures to take. Risk assessments were in place to minimise the risk of a fire occurring. After a recent external assessment into fire safety a number of improvements were being made as recommended. People had a Personal Emergency Evacuation Plan (PEEP) in place. This showed the individual equipment and support needed for each person to remain safe during an emergency situation.

Staff reported and recorded any accidents, incidents or near misses. Records showed what had happened and the immediate action taken. Senior staff followed up the reports and showed the measures taken to minimise future risks. For example, one person had a fall management plan introduced following an accident. A system was in place to regularly review the types of accidents and incidents that had happened and who they involved. This monitored any trends and patterns and further action taken was recorded. For example, a change in a person's behaviour had resulted in several incidents. Records showed a recent medicines change was referred for review to assess if this was a contributing factor. There was clear recording of when accidents and incidents had required reporting to the Commission or local safeguarding teams.

Is the service effective?

Our findings

At our last inspection in February 2015 we found that records relating to people's care and treatment were not always accurate. This meant people were not always fully protected. At this inspection we found that measures had been taken to ensure records were up to date and accurate. Guidelines had been placed in the front of relevant files explaining clearly the expectations for staff around accurate and factual record keeping. Where risks were identified such as with falls or nutritional relevant risk assessments and support plans were in place.

People received effective care at Cheddar Grove Nursing Home. Care and support met people's needs. One person told us, "It is lovely here." One relative said, "[person's name] is very happy at Cheddar Grove." Another relative told us about the positive changes to their relative since living at the home, "There have been giant steps."

New staff completed an induction aligned with the Care Certificate. It involved an introduction to the organisation, mandatory training and shadowing experienced members of staff. This enabled new staff to familiarise themselves with the homes and individuals procedures. The home also had a specific induction for bank and agency staff. This ensured anyone working in the home had the immediate knowledge and information they needed to give effective support in the way that people preferred.

Staff received ongoing training in areas such as fire safety, first aid, safeguarding vulnerable adults and moving and handling. We reviewed the staff training records and saw that training was monitored to make sure it was up to date for all staff members. This ensured staff had current knowledge and skills to care for people effectively. Training specific to the needs of the people at the home was arranged for example in epilepsy, autism and Percutaneous Endoscopic Gastrostomy (PEG) feeding. Staff we spoke with were positive about the training provided commenting that it was, "Good." Staff said they benefited most from the face to face training they received where they could share ideas, best practice and strategies. The registered manager undertook observations of staff practice in infection control, PEG feeding and moving and handling. This assessed if training for staff had been effective and practice was at the expected standard. If further training needs were identified this would be arranged. The provider facilitated access to further nationally recognised qualification for support staff and senior staff members.

Staff said they received regularly supervision and appraisals and this was confirmed in the records we reviewed. One staff member said, "Supervision is useful. It is a time to offload and look at self-development." Topics such as training, personal well-being and working with individuals were discussed during supervision. Areas that could be improved were examined with staff and support put in place for staff to achieve identified goals.

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 provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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 was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). There was a clear recording system of when applications had been made, the status of the application and once applications were authorised when they expired. The registered manager had notified the Commission as required when authorisations had been made.

Care records showed clearly when people lacked the capacity to make a certain decision. It was documented how it had been established that the person lacked capacity to make a particular decision. Records showed how information had been presented in different ways and what people's responses were. When a best interest decision was needed records showed who had been involved in making the decision and why that decision had been reached. For example, we saw a best interest decision regarding the use of a lap strap for person to keep them safe when in their wheelchair. Relatives and a health professional we spoke with confirmed they had been involved in the process when a best interest decision had been required. A health professional said, "I have been involved in several best interest meetings with staff and family members and in my experience the staff at the home always act in the best interest of the residents."

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. Care records gave clear information to staff about areas where people could make their own decisions. For example one care record said, 'I like to choose my own clothes.' Care records gave guidance to staff of how to support people in making their own decisions for example how choice was presented with the use of photos and objects or verbally.

We observed people being supported to eat and drink as directed in their care plans. One person told us, "The food is lovely. Lovely. I choose what I want to eat." There was a menu system in operation. However, staff told us that if people did not want a choice from the menu they were offered an alternative. People's weights were monitored regularly to ensure any changes were acted upon. One person who had changed their diet to maintain a healthier weight was continually being supported to achieve this. Their relative said, "He is supported by the home with his diet." People who were identified as at risk in regards to nutrition had appropriate risk assessments and support plans in place.

People had a health file which recorded how people were supported to remain healthy. Records showed appointments with health professionals such as the GP, dentist or the Community Learning Difficulties Team (CLDT). One person told us about the support they received to visit their GP and dentist. "I like my dentist, it's down the road. I go to the GP surgery down the road. I go to the doctors for my blood tests. Someone goes with me." People had a, 'hospital passport'. This was a document containing vital information about a person so it could immediately accompany them should a hospital visit be required. This was important as people may not be able to communicate necessary information to healthcare professionals such as their current medication or known allergies. The document described different behaviours and communications and how these may be presented, for example if a person was experiencing pain.

Daily notes were kept in relations to people's health and any observations or changes recorded. Staff were directed to read this information to ensure further support or monitoring was followed through. For example, one person had been observed to be having difficulty chewing. In response the person had seen their dentist to see if any causes could be established. Details of any actions taken in regards to people's health were recorded for example, we saw on one occasion 111 had been contacted for further advice.

Staff worked closely with other healthcare professionals when needed as people had complex needs. We received positive feedback from one health professional who had worked closely with the home for some time. "Residents are always well looked after and their medical needs are attended to promptly and appropriately." However, another health professional commented that recommendations made of how to support people more effectively was not always acted on promptly.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. We observed staff support and spend time with people. We saw that staff spoke to people with respect and kindness. One relative said, "The staff are marvellous. They are so good and so caring."

People were not always able to tell us about their experiences. We observed positive interactions between people and staff. People were comfortable and responsive in the presence of staff. We saw a member of staff check with someone if they were ready to get up. The person indicated that they were not. The member of staff said they would return in a short while and check again, which they did. When the person was ready and had expressed they wished to get up staff supported them to do so.

We observed a member of staff sit with a person and support them to eat their breakfast. The member of staff was chatting to them and giving them encouragement. In a communal area of the home music that people liked was played. One person moved to the music, smiling and showing they were enjoying themselves. Staff spoke to them about the music naming different songs by the same band.

A member of staff came in and offered everyone a hot drink. One person was trying to respond. The member of staff came down to the person's level so they had direct eye contact. The member of staff was patient, gently encouraging the person to respond. Another member of staff asked a person if they wished to go out for a drink and something to eat. We observed staff being cheerful, positive and engaging with people. A member of staff said, "It is important to develop trusting relationships and also to have fun and laughter." Staff communicated to people in their preferred way and we observed how staff adapted their approach depending whom they were engaging with.

The home supported people's independence. For example, in one person's record it said, 'I can read. I can hold a book and turn the pages. I can write a card.' Care records described people's usual daily routines. Including people's usual sleep and eating patterns, activities and personal care. Within this it showed what people did themselves and what areas they required support in. For example, in one person's personal care routine it showed they washed themselves but needed support to wash their hair.

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "How we deal with other people's information. Safe ways of keeping this." Care records gave staff guidance on how to respect people's privacy and dignity. Staff had undertaken training in this area. Audits conducted by the registered manager checked to ensure people's privacy and dignity was enabled. One member of staff said, "We always knock on people's door before we enter a person's room." Staff explained that if a person was not able to respond verbally when a member staff entered their room, they would be able to indicate in other ways that they wished to be alone. Staff would respect this and return at another time.

We observed people being treated with dignity and respect. We saw staff give people personal space when they were resting in a communal area. We observed staff asking people if they were comfortable and if they

were happy if someone sat near them. A member of staff described how when giving support they made sure this was in people's preferred way. "I ask people. I always talk through with people what I am doing, reassuring them."

The home had received three compliments since March 2015. One compliment commented on the "High quality of care" provided at Cheddar Grove Nursing Home. One compliment made by a health and social care professional said, "Service users seemed contented." A relative had praised the staff team saying, "No words could ever express the amount of love, care, dedication and hard work that you have put in."

Family and friends could visit whenever they wished. Relatives we spoke with said they visited regularly and were welcomed by staff. Recently the home had accommodated 15 visitors at the same time in a private space. One relative said, "There are no restrictions. I can visit when I want to. I can bring family and friends with me when I visit." People were supported to attend family events and gatherings. One relative told us about how their relative had been supported to attend a family wedding.

Is the service responsive?

Our findings

People were not always able to tell us about their care and support. We observed staff being responsive to people's needs. The home had considered and adapted different methods to involve people in the care planning process. Relatives spoke positively about how the home catered for individual needs. One relative said, "Staff encourage him to do things. They get him out and about. Staff understand him."

Care records contained a photograph of people, essential information and their life history. This described people's background, interests and life journey before living at Cheddar Grove Nursing Home. Care plans were in an accessible format and contained pictures showing support needed. For example, next to a picture of an ear the care plan said, 'I need my ears syringed on a regular basis. They are checked regularly by the GP.' Personal preferences were evident throughout people's care plans. For example, in one person's record it said, 'I like to wear a watch' another person's said, 'I like watching TV especially Dr Who and wrestling.'

People had a 'communication passport.' This described how people preferred to communicate. It explained what different gestures, signs or body language may mean so staff could understand and communicate with people effectively. For example, a person would bite their hand and this indicated they were unhappy. The document showed how people responded to language. For example, one person preferred information being given through one word as opposed to many words. If too many words were used they found this confusing.

The document gave guidance to staff on how to communicate with people. For example, for one person if a member of staff showed them their pyjamas they knew it was bedtime and if they were shown their coat they knew staff were asking if they wished to go out. The document also gave topics that individuals liked to talk such as books, family or holidays. In one person's record it said, 'Tell me about the weather and what is going on in the world.' This enabled staff to engage with and stimulate people.

Staff said the home was person centred. One member of staff described this as, "Meeting the needs of the individual. Everyone's needs are different." The home adapted and adjusted approaches when people's needs changed. One person no longer wished to be as active or as involved in the community as they once were, sometimes choosing to stay in the home for several weeks at a time. Their care plan had a clear statement acknowledging that whilst other people may not think this was a beneficial lifestyle choice for themselves, this was what the person wished to do and needed to be respected. Another person liked to be alone this was described in their care plan. A quiet room had been set up specifically for them and they choose to eat their meals there.

Staff said activities and outings were offered regularly to people. Staff were knowledgeable about how different people responded. For example, some people like to have activities planned in advance whilst other people liked to be flexible on the day as to how they were feeling and what they wished to do. Care records gave details about how people liked to spend their time. For example, sitting in the garden, attending church or visiting places of interest. On person said, "I go to the church next door."

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. For example, holidays, outings or shopping. Regular reviews of people's care and support were held. Relatives were invited to attend. One relative said, "I am involved in reviews." People identified things they would like to do in the future. For example, one person wanted to see a show for their birthday.

Rooms were personalised and contained items that were important to people. One person said, "My room is upstairs. I like my room. I am watching TV tonight. I have one in my room but I like watching TV in the lounge." One relative said, "He is surrounded by his photo's, music and CD's. He has a TV in his room."

The home held regular residents meetings. A staff member was currently trialling different approaches to the meetings to enable them to be as inclusive and meaningful as possible for everyone. We viewed the minutes of the last meeting in March 2016 which was in an easy read and picture format clearly showing topics discussed and any people's opinions. For example, one person said they wanted more ball games and another person suggested the living lounge be redecorated. People could express what made them upset or frustrated. People had commented that they 'didn't like change' or 'waiting for support'.

People had completed a survey in December 2015 with the support of someone independent to the home in order to gain their feedback. The survey was in an easy read and picture format. Some people were able to complete this with support. However, several people were not. The home recognised a different method may gather information more effectively and had modified their approach to include observational surveys for the next time they were completed.

Family and professionals had completed a survey about the home in October 2015. Overall the results and comments were positive. For example one person had said, "People are well cared for and happy." Another person had said, "Quality of care is brilliant." Where suggestions had been made on areas that could be improved the home had responded by taking action. For example one comment said, "The internal painting and decoration could benefit from a freshen up." The registered manager had arranged for new laminate flooring to replace an old carpet and for the hallway to be wallpapered. However, the overall results and subsequent actions from the survey by the home had not always been summarised and shared with people.

The home had not received any formal complaints. Relatives told us they knew how to make a complaint if needed. One relative said, "I have no complaints at all. It doesn't arise".

Is the service well-led?

Our findings

People were not always able to tell us if they thought the home was well-led. We observed the registered manager and a senior staff member had good relationships with people and staff. One relative told us that, "Cheddar Grove is well run."

The registered manager understood the legal obligations in relation to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. At our last inspection in February 2015 a notification had not been submitted to the Commission as required. The registered manager now had effective systems in place to ensure notifications were sent when appropriate.

The registered manager also managed another home within Brandon Trust. The registered manager was supported within the home by a senior staff member who undertook some of the day to day management tasks. The registered manager and senior staff member had implemented new systems following the last inspection in February 2015 and had made improvements where necessary. Such as, guidance and checks for accurate record keeping. The registered manager and senior staff member were knowledgeable about the day to day support needs of people.

Staff spoke positively about the registered manager. Staff commented that the registered manager was always available to be contacted if not at the home. One member of staff said, "the registered manager is very supportive towards staff. They are fair and always contactable. All the seniors are very approachable." Another staff member said the registered manager was, "Hands on, open and has time for staff." Staff said they felt well supported and could speak to the registered manager or senior staff with any concerns or issues. An on call system of managers was in place to ensure staff were always supported.

Staff said the home represented the values of the organisation by always working in a person centred way. One member of staff said, "There is time for service users, it is very inclusive and very person centred." Staff commented that there was a good atmosphere at the home describing it as, "Relaxed but interesting and homely." Staff told us there was an open culture and people were encouraged to raise any issues or areas for improvement. We saw that when practice had not met the expected standard, staff felt comfortable to speak up and appropriate action by the registered manager was taken.

Relatives said they were kept informed by staff. One relative said, "They let me know of anything straight away." However, one relative commented that communication with family could be improved as they tended to be kept informed by staff when they visited. "Information is chased rather than forthcoming."

There were effective systems in place to ensure information was communicated within the staff team. Staff were notified by messages left in a 'Communication book'. We saw these related to items such as appointments, forthcoming training and reminders for staff. Staff had a daily handover which were both verbal and written. Records showed that staff handed over information about what people had done during their day, how they had been feeling and any necessary information. For example, we saw details had been

left in regards to the outcome of a dentist appointment and directed staff to further information. Staff also completed domestic tasks and daily checks which were signed off to ensure the home was kept safe, clean and tidy.

The registered manager organised regular team meetings. A variety of topics were seen to be discussed such as health and safety issues and reviewing strategies for working with people. Information about the home was communicated to staff. For example, the fitting of a new stair lift.

The registered manager said they were well supported by the provider and that the provider had been understanding in making changes. This had enabled the registered manager's workload to be more practical and allow further time to be spent at the home. Registered managers from other homes within the organisation met every week. The registered manager said this was useful, supportive and a positive way of sharing ideas and practice. The registered manager had achieved nationally recognised qualifications in care and also attended relevant training for managers.

The registered manager had systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records, staff training and supervisions. For example, we saw an audit of care records which had identified further actions required. Such as, following up a dentist referral. However, we did note that the annual health and safety audit arranged by the registered manager had last been completed in February 2015 and had not yet been completed in 2016.

The registered manager also undertook a regular review of the home in line with the key questions that the Commission asks at inspections; is the home safe, effective, caring, responsive and well-led. The document detailed what the home was currently doing, barriers to improvements and how changes could be made. The registered manager had completed and returned the PIR within the timeframe allocated and explained what the home was doing well and the areas in planned to improve upon.