

Holme Bank Residential Home Ltd

Holme Bank Residential Home

Inspection report

15 Stockwell Road
Tettenhall
Wolverhampton
West Midlands
WV6 9PG

Tel: 01902751101

Date of inspection visit:
09 November 2016

Date of publication:
14 December 2016

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

The inspection took place on 9 November 2016 and was unannounced. Holme Bank Residential Home provides accommodation and personal care for up to 20 older people. Some people living at the home have dementia care needs. There were 18 people living at the home at the time of our inspection. People had their own rooms and the use of a number of communal areas including lounges, dining area and a garden.

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.

People were supported by staff who understood their safety needs and took action to reduce risks. Staff knew how to keep people free from the risk of abuse and knew what action to take if they had any concerns for people's safety or well-being. There were enough staff to care for people and people were able to obtain support from staff promptly when they needed this. People were supported to take their medicines so they would remain well.

People and their relatives told us staff had received the training they needed and developed the knowledge and skills required to meet people's individual care needs. Staff provided support to people in ways which recognised and promoted people's rights to make their own decisions. People said they enjoyed their dining experiences at the home. Staff knew what action to take so people's health needs would be met as their needs changed.

People were positive about the relationships they had built with staff and told us staff were considerate and caring. People told us they enjoyed spending time with the new registered manager and staff team, who they felt knew them well. People said their rights to dignity and privacy was understood and acted upon by staff. People were encouraged to make their own decisions about their day to day care.

People had opportunities to do things they enjoyed doing, both in the community and at the home, so they enjoyed an increased sense of well-being. People's care was planned in ways which took into account their preferences and life histories and their current care needs. People, their relatives and representatives said their views were listened to when people's care was planned. People had not needed to raise any complaints about the service, but were confident action would be taken if complaints were made.

There were opportunities for people and their relatives and representatives to provide feedback on people's experience of living at the home. Actions were taken to further improve people's experience of living at the home. Checks were made on the quality of the care by the registered manager and provider. The registered manager provided assurance the way medicines were recorded and stored would be further developed in line with best practice. The registered manager had also identified people's experience of living at the home could be further enhanced by offering additional opportunities for people to do things they enjoyed, based

on people's individual preferences. The registered manager and provider were working to improve these areas. Staff understood what was expected of them and were supported by the registered manager and senior staff to provide good care 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 service was safe.

People benefited from living in a home where staff understood risks to their safety and well-being. Staff took action to promote people's safety and supported people to have the medicines they needed. There were enough staff to support people so their care, well-being and safety needs would be met.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to care for them. Staff took action to promote people's rights and action was taken to consult people and their representatives in decisions about people's care. People were supported to have enough to eat and drink. Where people needed care from health professionals this was arranged so people would remain well.

Is the service caring?

Good ●

The service was caring.

People had developed caring relationships with staff who knew them well. Staff supported people to realise their day to day choices, where this was needed. People's rights to dignity and privacy was understood and promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned in ways which took their individual needs and preferences into account. Staff listened to people's and their representatives' views when planning people's care. People's spiritual and cultural needs were promoted by staff, and people had opportunities to do things they enjoyed doing. People knew what action to take if they had any complaints or concerns about the care they received.

Is the service well-led?

Good 

The service was well-led.

People were complimentary about the way the home was run. People and their representatives' suggestions for improving people care and how the service was run were listened to. Checks on the quality of people's experience of living at the home were made by the provider and registered manager. The registered manager had identified plans for improving the service further.

Holme Bank Residential 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 9 November 2016 and was carried out by one inspector. The inspection was unannounced.

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. We requested information about the homes from the local authority. The local authority has responsibility for funding people who used the service and monitoring its quality. We also reviewed information we held about the home including statutory notifications which had been sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spent time with people in the communal areas of the home and spoke with five people. We spoke with the registered manager, one senior staff members, four care workers and two members of catering and cleaning staff. We also spoke with four people's relatives and one family friend.

We looked at three people's care and medicines records. We looked at the records showing how staff checked people were enjoying the best health possible. These included records showing when people had seen health care professionals.

We looked at records of staff training and three staff member's recruitment files. We also looked at information about how the manager monitored the quality of the service, minutes of meetings with people

living at the home, minutes of staff meetings and records showing how the provider assured themselves people were receiving the care they needed.

Is the service safe?

Our findings

People told us staff took action to help them feel safe. One person said, "They [staff] come in at night to check I'm ok and I think, how lovely. It's so reassuring." Another person explained they felt safe living at Holme Bank Residential Home because of the support staff gave them to move around the home safely. The person said, "Staff will always walk with me." People's relatives and the friend we spoke with were positive about the way staff promoted people's safety. One relative said, "I know [family member's name] is happy, safe and well looked after."

Staff knew how to recognise if people may be subject to abuse. One staff member said, "You look for anything out of the ordinary, such as if a person isn't eating." Another staff member highlighted how they checked if people's reactions to situations had changed, as this could indicate people might not feel safe. Staff showed us they understood what action to take so plans would be put in place to keep people as safe as possible, if they had any concerns for people's safety. All the staff we spoke with were confident if they raised any concerns these would be addressed by senior staff and the registered manager. Three staff members explained they could also raise any concerns they had for people's well-being with other organisations with expertise in keeping people safe.

People their relatives and the friend we spoke with told us staff knew risks to people's safety well. One person we spoke with explained how staff had discussed their safety and needs with them before they moved into the home. This was so plans could be agreed to help the person stay as safe as possible when they moved in to the home. Another person told us about the support they had from staff to manage risks to their physical health. The person said staff knew what action to take to help them remain physically safe and how their health condition might affect their physical safety.

Staff told us they got to know about risks to people's safety by checking their care plans, chatting to people about their safety needs and by communicating information about people's safety and care needs at the start and end of each shift. We found staff understood people's individual risks and how to support them to stay as safe as possible. One staff member explained the checks they did on the environment, so the risk of people having falls was reduced. Another staff member gave us an example of how they cared for a person in their preferred way so they were reassured as soon as possible if they were anxious. A further staff member highlighted the actions they took to make sure people had appropriate equipment available to help them to stay as safe as possible.

We saw people were comfortable to ask staff for support when they needed to stay safe. For example, we saw people were confident in asking staff for help when they chose to move round the home. We also saw there were clear risk assessments and plans in place providing instructions for staff to follow so people's safety needs would be met.

We saw the provider had checked with the Disclosure and Barring Service, (DBS), before staff started to work with people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care. We also saw the provider had obtained references for

people. Staff told us they were not allowed to work directly with people until these checks had been done. By doing this, the provider and registered manager were assured staff were suitable to work with people living at the home.

People told us there was enough staff to care for them. One person said, "I can get help when I need it, there's staff about." The person highlighted how promptly they were able to obtain assistance from staff during both the day and the night. Another person told us, "I have to occasionally wait, but this doesn't really affect me often." People's relatives and the friends we spoke with said there were enough staff to care for people. One relative we spoke with told us they visited the home frequently, and had never been concerned about the number of staff available to care for people.

Staff said there was enough staff to meet people's care and safety needs. One staff member said, "I decided to work here because I wanted to spend time with the residents. I get the time to do this." Another staff member highlighted how senior staff and the registered manager also spent time caring for people. A further staff member said, "We do have some agency staff, but people are familiar with them, as we use the same ones." Two staff members we spoke with told us they knew the registered manager was recruiting more staff to further strengthen the staff team.

The registered manager explained agency staff undertook an induction at the home, so they could be assured agency staff would have the skills and knowledge required to care for people. The registered manager explained interviews for further staff recruitment were planned the week of our inspection. We saw people were able to obtain support from staff promptly, and staff took time to chat to people.

People told us they received their medicines regularly. None of the people we spoke with had needed to ask for pain relief, but said they were confident staff would support them if they ever requested this.

Staff told us people's medicines were administered by senior staff and the registered manager. Staff members we spoke with were not able to administer medicines until they had received training and their skills had been checked. There were systems in place which gave staff clear guidance about people's medicine needs. We saw this included when people needed short courses of medicines so people would regain their health as soon as possible. Staff took time to explain to people what their medicines were for and people were supported to take their medicines in the way they preferred.

We discussed the way staff recorded the medicines people received. The registered manager told us they would be introducing new systems of recording what medicines people had received so best practice standards would be followed and it would be clearer who had administered medication to people. We saw people's medicines were securely stored in the home. The registered manager provided assurances that medicines which were no longer in use would be disposed of in a timely way, so the risk of errors with people's medicines would be further reduced.

Is the service effective?

Our findings

People told us staff had the skills and knowledge needed to care for them. One person told us staff understood their health needs and used their knowledge to make sure they remained well. Another person said, "They [staff] know what they are doing." People's relatives and the friend we spoke with said staff knew what action to take so people's care needs were met. One relative said because staff received training and had developed the skills they needed to support their family member, "[Family member's name] has confidence in the staff." Another relative we spoke with said because of the training staff had done, "They [staff] are at the top of their game."

Staff told us they were encouraged to discuss any training they wanted during their one-to-one meetings with their managers and at staff meetings. One staff member said "We've identified my long term goals, and there's lots of training we can do in house." Another staff member said, "We've been doing training. It's about making sure people's safety needs are met and people are reassured when they need it." A further staff member told us they had identified some additional training they would like to do, so their skills for caring for people at the end of their life were further developed. The staff member said they were confident this would be arranged so they would develop their skills further.

One staff member explained about the training they had when they first came to work at the home. The staff member said, "I had a week's induction in the office and then worked [on the] floor as an extra. It made a huge difference, as I could get to know people, chat to them and their relatives, and find out about how they liked their care to be given."

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

Staff we spoke with knew how the MCA affected the way they were required to support people. We saw staff had received training and guidance so they would know how to care for people in ways which promoted their rights. One staff member explained about the training they had done so they would be able to gain the knowledge needed to protect people's rights. The staff member said, "It made me more aware of why we do the things we do. It's about supporting people and respecting their decisions, and it's important to know."

We saw staff cared for people in ways which supported them to make their own decisions. For example, staff made sure people had enough time to decide what they wanted to do, and where they wanted to be. One staff member explained how they checked people who were not able to communicate their decisions directly were in agreement to care being given. The staff member said, "You check their [people's] facial expressions and body language, so you can be sure." Staff we spoke with understood people had the right to decline care offered to them. One staff member told us, "You need to respect it if people refuse [care]. You can't take people choices away from them."

We saw staff had assessed people's capacity to make some decisions about aspects of their care. Where it was assessed that the person lacked capacity, staff, had consulted with people's relatives and had worked with other health and social care professionals so decisions would be made in the person's best interests. There were systems in place to identify and include the views of people's representatives who had legal responsibilities for making some decisions on people's behalf before decisions were made. Staff we spoke with were aware of which people had representatives who had the legal rights to make some decisions on people's behalf. Staff members told us if they needed to clarify this they could check in people's care plans, or with senior staff.

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 any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had a good understanding of DOLS and had submitted applications where necessary. The registered manager had systems in place so people's DoLS would be regularly reviewed. Staff we spoke with knew which people the applications related to and how this affected their care.

People told us they enjoyed their meal time experiences at the home. One person said staff knew what food they liked and took action so they were always able to have the types of food they enjoyed. Another person told us, "I can't grumble about the food, and I get plenty to drink." A further person said, "Staff always make sure I have a jug of water in my room and I get plenty of cups of tea." The person said this was important to them, as it helped them to stay well.

One staff member said, "We get regular compliments from relatives who can see people are putting on the weight they need." Care and catering staff we spoke with knew about people's individual preferences and dietary needs. The member of catering staff we spoke with explained how menus were based on people's preferences. A member of senior staff told us how they planned to develop the information people had about their food choices further, so people would be able to make their choices based on pictures, in the future.

We saw people were regularly offered drinks of their choice throughout our inspection. Where people needed support from staff to have enough to eat and drink staff did this in ways which promoted people's safety and people were encouraged to eat at their own pace. We saw staff asked people if they were enjoying their meals.

People told us staff supported them to stay as well as possible. One person said staff understood their underlying health problems and were quick to contact their GP if they were unwell. The person told us GPs regularly came to the home to check people were enjoying the best health possible and said, "Staff will ring up my GP if I am not well." Another person said staff understood the link between their diabetes and their general health. The person said they were cared for by staff in ways which took this into account and promoted their general health and well-being.

People's relatives and the friend we spoke with highlighted how responsive staff were when people were unwell. One relative told us, "They [staff] always ring up [person's name] GP when needed." The friend we spoke with explained how pro-active staff had been in following up one person's test results with their GP, so the person would have the medicines they needed to regain their health as quickly as possible. Two relatives we spoke with told us staff regularly arranged for their family members to see health professionals, such as opticians. Staff gave us examples of the ways they supported people to see the range of health specialists they needed so they would remain well, such as people's GPs and blood specialists.

We saw staff had been given guidance on people's health backgrounds so they would know what action to take to promote people's health. We saw staff regularly checked people's health and followed the advice given by health professionals so people would benefit from good health outcomes. This included when advice had been received from health professionals when people returned to the home after a stay in hospital.

Is the service caring?

Our findings

People said they found staff to be caring and considerate. One person told us because of the way staff cared for them when they first came to live at the home, "I felt wanted here straight away." Another person said, "The staff are lovely, they will do anything for you." Relatives we spoke with were positive about the relationships people had developed with staff members. A further person we spoke with highlighted how caring both the day and night staff were. One relative said, "They [staff] always make me welcome. Staff can't do too much for you." Another relative described staff as caring and said, "Staff here are great." The friend we spoke with told us they had seen staff being kind to the people living at the home. The person's friend said staff were accommodating and supportive in the way they cared for the person they visited.

Staff spoke warmly about the people they cared for. Staff gave us examples of the actions they took so people would know they were valued. One staff member explained how staff celebrated people's birthdays with them, so people would know they were important to staff. The staff member said, "[Person's name] had a new dress, and we did her make up. [Person's name] had a party in the garden and we arranged for a singer. Everyone else [other people living at the home] were celebrating, too." We saw staff celebrating important events with people during our inspection. For example, we saw staff took time to sing birthday greetings to one person, and chat to them about how they had enjoyed their day.

We saw people enjoyed sharing a joke with staff and the registered manager. People showed us they were confident staff would care for them if they asked for help. We also saw staff spent time talking to people about their day, and that people were keen to chat to staff. Conversations between people, their relatives and staff were relaxed and we saw many positive and caring exchanges between people and the staff who cared for them.

People told us they had built caring relationships with staff. One person described how a staff member knew how much pleasure they took in handcrafts. The person told us with enthusiasm about an item the staff member had spent their own time crocheting for them. One relative said, "They ([staff] know [person's name] so well." Three staff member explained they got to know people by reading their care plans and chatting to them and their relatives. Staff told us by doing this they were able to find out about people's life histories and preferences. One staff member said, "Staff concentrate on making sure people are happy. It's very homely, here, with a family feel." Another staff member said, "Regardless of our roles, we use the 11.00 am tea time to chat to people. We spend time just saying hallo. Just smiling makes them [people] feel better."

People told us they were involved in day to day decisions about their care. One person told us they got to choose where in the home they wanted to spend their time. Another person said they made choices about what they wanted to eat and drink. The person told us, "Staff always ask what I want [to eat]. I choose where to eat and it works for me." A further person said they liked to get up at 7.00 am, and they were supported by staff to do this. Staff gave us examples of the types of day to day decisions people made about their care. One staff member said, "They [people] get to make all sorts of choices, like what they want to do. They [people] also get choices about what they want to eat and drink, what time they want to get up and what

they want to wear."

People said staff cared for them in ways which promoted their privacy and dignity. One person explained staff always knocked before entering their room. Another person said, "I can go to my room anytime if I want some time on my own." One relative explained they were able to have privacy when they visited their family member. The relative said, "We can always use the small lounge if we want privacy." We saw staff knocked people's doors before they entered their rooms to check people were happy for staff to support them. We also saw staff were discreet when arranging to support people with their personal care and that information on people's care needs was securely stored.

Is the service responsive?

Our findings

People said they were as involved as they wished to be in planning their care and how best to manage their risks. One person explained how staff had visited them where they were living independently to discuss what care they wanted and how they preferred this to be given before they moved to the home. The person told us, "[Former registered manager's name] came out to my home to talk to me." The person told us they were very glad to have moved to the home as they were no longer lonely, and were more confident when walking, because of the support they received from staff. The person said, "I have never once missed my [previous] house. I like it here." Two relatives we spoke with explained how they had met with their family member and staff to discuss their family member's end of life care plan. The relatives told us their views had been listened to by staff.

Staff we spoke with explained how they read people's care plans so they would know what care people needed, and how they liked this to be given. All the staff we spoke with told us people's care plans, risk assessments and reviews gave them a good understanding of the best way to support people. One staff member said, "You read people's care plans, but you also chat to them. They [people] have such different personalities and likes." A further staff member highlighted how important it was to communicate with people living at the home. The staff member told us, "If you communicate well, in the way people prefer, they are more likely to ask for the care they need."

Staff gave us examples of how they used their knowledge of people's preferences to tailor people's care. A staff member gave us an example of changes which had been introduced so a person who preferred to have the door to their room open at night was able to do this safely. Another staff member explained how their knowledge of one person's preferences had led to them being supported to have their favourite snacks. The staff member said, "[Person's name] was really pleased about this." A further staff member explained how people's preferences were taken into account on a daily basis. The staff member said, "They get to choose which staff on the floor they want to support them."

One person explained they had discussed how they wanted their room furnished before they moved into the home. The person told us staff had readily agreed to this. The person said, "It makes it feel lovely and homely." People we spoke with told us they had not made any suggestions for planning their care further. People told us this was because staff knew them well and suggested plans based on their individual needs. Relatives and the friend we spoke with told us they were encouraged to make suggestions about the care planned for people. One relative said, "They [staff] ask us about suggestions for improving [person's name] care and we have suggested little things at care plan reviews." The relative said they felt involved in plans made for their family member's care, such as the plans for their family member to have a 'flu jab and told us staff took actions based on their suggestions.

Two relatives we spoke with highlighted how staff took into account their family member's life history and spiritual needs in the way their family member's care was planned. The relatives explained as a result of staff understanding how important their family member's spiritual life was plans had been put in place so they would be able to worship regularly. A staff member we spoke with said arrangements were in place so

people would have regular opportunities to meet with church groups. The staff member said, "It means a lot to some people." A member of catering staff explained how one person was supported by staff to continue to have things to eat based on their cultural history after they moved into the home. The catering staff member explained how staff had listened to suggestions from the person's relatives so their preferences would be met.

One person told us they knew staff communicated information about their changing needs at the end of each shift, so they would get the care they needed. Staff we spoke with explained how people's changing care needs were discussed at regular meetings, so people would continue to get the care they wanted as their needs changed. We saw people's risk assessments, care plans and care plan reviews recorded people's life histories, medication, health and care needs. We saw people's individual needs and preferences had been considered in the way their care was planned. We also saw people's risk assessments and care plans had been regularly reviewed.

People told us they were confident to ask for help from staff when they wanted it. One person said, "You've only got to ask they'll [staff] will always help. I could not ask for better [staff]." We saw where people requested specific support from staff this was responded to promptly and supportively by staff.

People told us they had opportunities to spend time doing things they enjoyed. One person said they liked to spend time listening to the radio in their room, or spending time chatting to staff and other people living at the home. Another person said staff took an interest in the knitting they did and chatted to them about this. Relatives said staff organised musical events for people to enjoy, and gave us examples of how staff included people living at the home in celebrating special events. The friend we spoke with gave us an example of the actions staff took so the person living at the home was able to enjoy watching the birds in the garden.

One staff member we spoke with explained how people were supported to enjoy jigsaws, bingo, board games, and reminiscence sessions and said how much some people liked to complete their life history books. The staff member said, "It all jogs their memories." Another staff member explained how staff had supported people to go on trips to the theatre, or meals out. A further staff member explained how much some people enjoyed spending time in the garden area of the home. We saw people spent time chatting with staff and each other and enjoying handicrafts in an independent way on the day of our inspection.

People said staff supported them to keep in touch with people who were important to them. All the people we spoke with said their visitors were made welcome by staff. One person said staff, "Always ask visitors if they [visitors] want a cuppa." Another person explained due to circumstance their relatives visit times were very variable. The person told us staff understood this and their relatives were made welcome by staff at whatever time they were able to visit. One relative told us, "We are always made welcome by staff." We saw people's care plans emphasised people's rights to determine who they wanted to keep in contact with.

None of the people we spoke with or their relatives had needed to make any complaints about the care they received. People and their relatives knew what action to take if they had any complaints or concerns about the care provided and were confident action would be taken to address any concerns. One person said, "I'd just tell [registered manager's name] if I was unhappy about something." Another person said because of the care they received they had not needed to make any complaints. The person told us, "I'd soon tell them [staff] if I was not happy."

Staff we spoke with understood what actions they would need to take if people, their relatives or friends wanted to make a complaint about the service. One staff member we spoke with said, "You would try to

resolve any complaint, but if you couldn't you'd let [registered manager's name] know." One staff member explained how they would support people if they made a complaint which was not resolved, by providing information about other organisations which may be able to assist people, their relatives or friend to resolve these, independently. All the staff we spoke with were confident action would be taken if a complaint was made. The registered manager confirmed no complaints had been received in respect of the quality of the care people received. We saw the registered manager had been asked to advise the provider on a regular basis of any complaints made, so any lessons arising could be learnt.

Is the service well-led?

Our findings

There had been a recent change in the management of the home, with a new registered manager and deputy manager appointed. People said the care they had received had been consistently good, and the home was managed well. One person said, "[Registered manager's name] is new, and is so nice and around all the while. He is the type you can talk to." Another person said the registered manager was very approachable, and told us, "I'm comfortable talking to them [the registered manager] about intimate things." Another person said because of the way the registered manager and senior staff ran the home, "It's very organised."

Four relatives we spoke with highlighted how well the registered manager and senior staff communicated with relatives. One relative said, "The flow of information from the new [registered] manager is good." Another relative we spoke with said they knew the home was run well as staff always ensured their family member was ready to be collected when they were due to go out as a family. The friend we spoke with said, "There's nothing that I can't say that isn't good. Staff seem to have accepted [new registered manager's name and new deputy manager's name]. They both spend a lot of time with people and working with staff, and all is well."

Staff told us the service was managed well. A member of ancillary staff said, "The new manager has things organised, and I get the supplies I need." A member of care staff told us, "You feel listened to and [registered manager's name] is always approachable." A further staff member confirmed they were able to obtain support and advice from the registered manager when they needed this. The staff member said, "You're always invited in. [Registered manager's name] has always got time for you."

Staff described the culture at the home as being open. One staff member said, "[Registered manager's name] is doing a good job. If we have problems, staff are happy to voice them." Another staff member told us because of the culture set by the registered manager, "They [people] and staff are happy." A further staff member said the way the home was managed meant, "There's a nice atmosphere here." Another staff member described the home as, "Having a family feel." Staff said they were given clear direction by the registered manager and senior team. Staff explained they were supported to understand their roles through meetings with senior staff and the registered manager and through one to one meetings. Another staff member said, "[Registered manager's name] is very hands on and very supportive."

People's relatives told us their views on the service were obtained through questionnaires. We saw the responses to the most recent questionnaires had been positive. The registered manager told us they planned to introduce questionnaires for people living at the home. Senior staff and the registered manager told us how they currently checked people were receiving a good standard of care. Senior staff explained people's views on the care they received were checked when their care was reviewed, and during residents' meetings. The registered manager and senior staff told us they were also gaining people's individual views on what interesting things they would like to be made available for them to do at the home. We saw people's suggestions for developing their care and the home further were invited at residents' meetings.

The registered manager told us about the checks they regularly did to make sure people were being supported by staff with the training and knowledge needed to care for them. The registered manager explained staff skills were also checked through observation of staff practice. We saw action had been taken when the registered manager identified a staff member was not following best practice standards when providing care.

The provider received regular management reports so they would be aware of people's changing needs, and how the registered manager and staff responded to these. We saw the provider's checks included details of any accident, incidents or concerns for people's safety and staff training undertaken. We also saw the provider checked if any person or their representatives had raised any complaints or compliments about the quality of care people received.

We saw the provider also checked some areas of how people's medicines were managed. This included if there had been any errors with people's medicines, and what medicines had been received. The registered manager told us about plans to further enhance safety associated with holding medicines which were no longer required. As part of this, the registered manager and provider would be implementing best practice around the handling, storage and disposal of people's medicines, so the risks of people receiving medicines in error was further reduced.

Providers are required to notify the Care Quality Commission (CQC) about certain incidents and events. We checked our records and found we had not received the notification required where people had been deprived of their liberty. The registered manager gave us assurances systems would be put in place so these would be sent to us without delay.