

# Embrace (England) Limited

## Birchwood Court

### 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 

### Overall summary

Birchwood Court is a purpose built home on two floors which provides accommodation for up to 43 older people who need residential or nursing care. At the time of inspection there were 37 people living in the home. We noted some people in the home were diagnosed with dementia type conditions.

At the time of our inspection there was a registered manager in post. 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.

We undertook an unannounced inspection took place on 2, 3, 4, 9, December 2014.

At our last inspection in June 2014 we found the provider was not meeting the regulatory standards in relation to the care and welfare of people, the management of medicines, assessing and monitoring the quality of the

# Summary of findings

service provision and record keeping. The provider was asked to send us an action plan to state how they intended making improvements. During our inspection we checked the action plan and found the provider had made the improvements they told us about.

Risks to people who lived at Birchwood Court were minimised because the home had arrangements in place to make sure people were protected from abuse and avoidable harm. We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). They understood DoLS and had made applications to apply it in practice. All applications were made lawfully and with the person's best interests at the heart of decision making. Deprivation of Liberty safeguards is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety.

We saw the provider had in place care planning and risk assessments. We found people's care plans were person centred and the risk assessments gave instructions to staff how the risks to people should be minimised.

Suitable mealtime arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of audit reports produced by the registered manager and the company's regional manager which included action planning.

Staff we spoke with said they had received training in how to recognise and report abuse. All were clear about how to report any concerns.

The registered manager was approachable and effective. The registered manager carried out relatives and resident meetings to engage people in improving the service.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Good



We found the home had in place accessible evacuation information.

Staff had received training in how to recognise and report abuse.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

### Is the service effective?

The service was effective.

Good



Suitable mealtime arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We found the provider had in place procedures and arrangements to assess people under the Mental Capacity Act and had made appropriate Deprivation of Liberty applications.

We found staff were given the appropriate training to enable them to care for people.

### Is the service caring?

The service was caring

Good



There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner.

People's privacy was respected. People were able to spend private time in their rooms if they wished. Bedrooms had been personalised with people's belongings.

We found people were involved in their care planning and saw in their files they were given the option to manage their own medicines to retain their independence.

### Is the service responsive?

The service was responsive.

Good



We saw people's care plans reflected their individual needs and if those needed changing the service responded.

The provider had in place individual documents entitled. 'My Day' which explained to staff what people liked to do during the morning, afternoon, evening and night.

### Is the service well-led?

The service was well led.

Good



# Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of quality audit reports produced by the registered manager and the company's regional manager.

The registered manager was responsive to concerns raised.

The registered manager was approachable and effective. The registered manager carried out relatives and resident meetings to engage people in improving the service.

# Birchwood Court

## 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 took place on 2, 3, 4, 9, December 2014 and was unannounced.

The inspection team consisted of one adult social care inspector.

At the time of our inspection there were 37 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at six people's support plans and nine people's medication records. We spoke to five people who lived at Birchwood

Court. We spoke to four relatives and ten staff including nurses, senior care staff, care staff and other support staff. We looked at the notes made by visiting professionals and spoke to two who visited the home during our inspection.

During our last inspection we found the provider was non-compliant with the regulation about people's medicines and we checked to see if the provider had made improvements. We found improvements had been made

Before our inspection, we reviewed all the information we held about the home. This included an action plan we asked the provider to develop following our last inspection where the provider was non-compliant with four regulations. For this inspection, the provider was not asked to complete 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.

During our inspection we spoke with five people who used the service, four relatives who visited the home during our inspection relatives and eight staff members including nurse, care staff, kitchen and laundry staff about what the service does well. We also spoke with the registered manager and regional manager about plans to improve the service. We reviewed five people's care records and eight people's medicine records

# Is the service safe?

## Our findings

During our last inspection we found the provider was non-compliant with Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 about people's medicines. The provider gave us an action plan and told us what they were going to do to improve. We found during this inspection improvements had been made, these included weekly and monthly medication audits and charts put in place to ensure people who required creams received them as prescribed. We looked at nine people's medicine records including people's charts for applying prescribed creams and ointments. We saw the charts were provided for individuals including application guidance as per people's prescription in each person's room. We saw people's medicines were securing locked in cabinets. We noted protocols were in place to give people their PRN medication which is medication to be given to people when needed. We tracked people's PRN medication and found the stocks of the medication to be accurately recorded. We also looked at people's controlled medicines and found these were safely stored in a lockable cabinet. Controlled medicines have stricter legal controls applied to them to prevent them from misused,

being obtained illegally and causing harm. We asked the nurse on duty to count the controlled medicines in front of us and found the records matched the actual stored amount.

We looked at people's medication administration records (MAR) and found there were gaps in the administration of alendronic acid to three people. The registered manager told us they were currently under review due to the effectiveness of this medicine on people. On our third visit to the home during this inspection we found the medicine review for these people had been completed and the administration of alendronic acid had been stopped. We saw in one person's MAR they had been prescribed a medicine every day to assist in their bowel movements. On the MAR it was recorded the person did not want it every day but possibly every other day and staff were to check with the person. We found the records reflected the person's request. This person told us it was for their bowels but they preferred not to have it every day and took it when they needed it. We found the provider had in place arrangements to meet people's personalised medicine requirements.

We looked at people's care plans and risk assessments and found improvements had been made. The registered manager showed us the old style care plans and the new format to demonstrate the improvement which had taken place and how the new care plans were clearer and more precise. We noted not all the care plans had been signed by staff to say they had read and understood the plans. The registered manager stated she preferred staff to take some time to read and sign rather than just have staff sign for the sake of signing. During our inspection the registered manager issued an urgent memo to all staff to tell them they must all read and sign the care plans, and tell staff if they do not understand the plan to seek further help and support from the senior carer or nurse on duty. This meant the risks to people of staff not understanding their care plans were reduced.

We found the provider had in place a number of risk assessments appertaining to people's needs. We looked at five people's care records and saw the risk assessments covered people's financial, emotional, mental health and physical care needs. The risk assessments had actions which were required of staff to mitigate the risks. Staff were able to tell us which people required two people to care for them and keep them safe.

At the main entrance to the building we found a file containing personal evacuation plans. The registered manager explained this was to ensure anyone leaving the building had access to the information they needed to keep people safe. We saw each person had a personal evacuation plan. The plans informed staff where people could be located and the support required which enabled them to evacuate the building. This meant if the building needed to be evacuated information was readily available to for staff and rescue personnel to support people from the premises.

We looked at five staff recruitment files to see if the provider had ensured staff were safe to work with vulnerable people, and had the skills and abilities required to carry out their role. We found the provider used an application form for every member of staff and obtained two references. We saw the provider asked for each prospective staff member's employment history and found there were gaps in people's employment records which meant the provider did not have in place a full record of

## Is the service safe?

people's past employment. The regional manager told us during their audits they had found the gaps and had asked the administrator to ask staff to complete the gaps in forms.

We also saw the provider carried out a Disclosure and Barring check (DBS). A DBS check requires prospective staff members to submit evidence of their identity before a check is carried out; the check tells providers if there are any offences recorded against that person. We saw no one had started working in the home until their DBS check had been completed. We asked the registered manager if following a DBS check a person was found to have committed offences what would happen next. They told us an assessment would be carried out to see if there were any risks to people living in the home. We saw documentation which demonstrated these assessments were carried out. The registered manager undertaking the assessment at the time had considered the person's history, the nature of the offence and its impact on working in the home. They had judged the person to be a safe person to work at Birchwood Court. This meant the provider was scrutinising staff to check they were safe to work with people before they started work.

One relative commented to the registered manager in our presence about getting their relative's hair done. The registered manager explained a new hairdresser was about to start as they had been waiting for their DBS check. This demonstrated the service checked to see if people who came into the home were safe when they delivered people's care needs.

The registered manager showed us a 'Bi Monthly Care Unit staffing calculator'. This was a document used to calculate the number of staff hours based on the Rhys Hearn Dependency Tool; the tool required the registered manager to look at how many people could attend to their personal care and dietary needs independently. The registered manager showed us the rotas which corresponded with the number of hours required. We saw staff giving people prompt attention when required. We observed if two members of staff were required to care for one person there was another member of staff to supervise other people. This meant people were not put at risk of unsafe practices due to low staffing numbers.

We spoke to four staff about safeguarding people. They told us about the signs to look for and who they would raise their concerns with. This meant staff were alert to the possibility of abuse and knew the reporting procedures. The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas and the staff room. Staff told us they were aware of the whistle-blowing policy.

We looked at the cleanliness of the home and the actions taken to minimise the spread of infections. A staff member showed us around a room and told us about how they cleaned each room. We saw people's bedroom space was clean. One person told us their room was cleaned every day. Staff showed us how they carried out a daily cleaning trolley check to ensure they had the correct equipment and cleaning fluids on board. They showed us the cleaning schedules and told us these were completed at the end of each shift. Staff showed us the laundry and told us how it was maintained to minimise cross infection. We found the home to be clean and tidy; however we did find some people's toilet frames had not been cleaned on the underside. We pointed this out to the registered manager who arranged for them to be immediately cleaned.

We looked at the kitchen after a lunchtime period and found there were cleaning schedules in place. These had been completed and showed the daily, weekly and monthly kitchen cleaning routines. We found the kitchen to be clean. However we informed the registered manager there was build-up of dirt and food debris starting on the walls behind the kitchen surface areas. The registered manager stated she would arrange for a deep clean of the kitchen to prevent further build-up.

People were not restricted in any way, where risks had been identified, staff supported people to

make informed choices. For example, one person used their wheelchair to access all areas of the building and we saw staff offering support to another person to access the garden for them to have a cigarette.



# Is the service effective?

## Our findings

One person told us, “They will go all the way to help you.” Another person said, “Staff are very obliging, don’t know why, must have been a nuisance at times”. The relatives survey in September 2014 said 100% of people had their physical and emotional needs met either ‘always’ or ‘often’.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We saw the registered manager had in place a chart called ‘Resident DOLS Application Record’. The chart listed people’s names and if they had capacity to make decisions, the date of the DoLS application, if it had been granted, the expiration date and if a notification to the CQC had been submitted. We saw there were ten people on the list; none had been assessed by the provider as having capacity to make decisions for themselves. Out of the ten DoLS applications nine had been authorised, one had been refused. This demonstrated the provider in the majority of cases was correct in submitting a DoLS application.

We spoke to staff about DoLS applications; staff were aware of the requirements of DoLS and had received training as a mandatory requirement.

We saw people had bed rails in place and each person had a bed rail assessment. The assessment detailed the need for the bedrail and any other alternative options, as well as discussion with family members. In the registered manager’s monthly report to the provider the registered manager recorded if there has been any incidents relating to bed rails; no incidents were recorded. We found the provider had in place systems to monitor people’s safety in relation to bed rails. We spoke to one person about their bedrails, and they told us, “Weren’t sure about them”. They conveyed to us they used a urine bottle during the night and had to lift the bottle over the bed rail. We spoke to the registered manager who said she had discussed bed rails with their family. She told us she would look at this person’s needs again and attributed the change to the person’s improving health.

Following our last inspection we asked the provider to tell us in an action plan what they were going to do to improve people’s experience of eating and drinking. They told us, ‘Residents to be given the choice of using the dining room

for meals, and if they wish they are able to have meals in their own rooms. Residents are being informed regarding dining facilities and encouraged to use the dining rooms as a social experience’. We found suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

We spoke to people in the dining room following a lunchtime meal and asked them about the food. One person said, “We are in the pink. We are all looked after. We get too much (food)”. The person’s table companion nodded in agreement. Another person told us the food had been a bit bland but it was better now. We saw staff deliver meals to people in their bedrooms on trays. We spoke to the cook who showed us the four weekly menus and how they were presented on the tables. The menus gave people a choice of meals. The kitchen staff showed us how they received information about people’s nutritional needs and showed us the list of people on a board in the kitchen who required different diets, for example people who required a pureed diet. Kitchen staff spoke with us about people’s diets based on their religious beliefs.

We looked at the notes made by visiting professionals and found one professional had written, ‘[The person] looks very happy in himself. [The person] says he feels he needs to stay here.’ We spoke to two other professionals who were visiting the home. One professional told us they do not normally visit this home but found staff had cooperated with them. We observed the interaction between the visiting professional and the nurse on duty and found this to be the case.

One person told us during our last inspection they were not aware of the facilities in the home. The provider told us they would implement Welcome Packs which contained a check list to be done on arrival at the home. This would include facilities, communal areas, meals times, use of the call bells, orientation of their room and the home itself. We found the provider had in place a ‘Welcome Pack’ and there was a checklist in place. We looked at the checklists for people and saw staff had orientated people to the home. People had signed the orientation record to say they had received the information. In one person’s orientation record the staff member had recorded the person did not know if they wanted to join in with chair based exercises or



## Is the service effective?

the religious services which took place. Whilst people were being orientated to the home they were made aware of what was on offer and had made personal choices about what they wanted to do.

We asked the registered manager about staff induction and training. The registered manager showed us the staff training programme which included mandatory eLearning training alongside practical training to support staff as required. We spoke with staff who said they had completed an induction programme and had opportunities to shadow more experienced staff. Staff confirmed further training was in place. We saw each member of staff had their mandatory and optional eLearning monitoring in place. In addition to the in-house training we saw records of four staff members who had recently signed up to NVQ training. We found staff were given the appropriate training to enable them to care for people.

We saw the registered manager had introduced a daily personal care record sheet, which said, 'All care staff to sign

as done daily'. The sheet listed personal care tasks e.g. hair, nails, glasses clean and hearing aids. It also listed other care requirements, for example, 'fresh drinks available' or 'wardrobe and drawers tidy'. We saw this checklist was being completed by staff and signed on a daily basis. We found this process alerted staff to personal care needs and supported staff to ensure everyone had their personal care needs met.

On the agenda for each meeting we saw the home refurbishment was listed. One relative on their survey form had commented, 'Care is first class but décor is poor'. The registered manager pointed out to us what she thought needed to be done to rejuvenate the building. This included replacing a carpet which was highly patterned as the registered manager pointed out people with dementia type conditions may find it difficult to walk on such a busy patterned carpet. We were reassured the planned refurbishment of the home would take into consideration the specific needs of people who lived there.

# Is the service caring?

## Our findings

One person told us, “I am very well cared for and settled here”. Another person told us they had been to stay at the home for short period and now chose to live there because they liked it and it helped their daughter. One person told us about a member of staff who took them to church and they received a warm reception. Their relatives told us they were grateful to the member of staff who went the extra mile to care for someone and meet their religious needs.

We asked staff to tell us about what was good about Birchwood Court; they told us it was the care given to people. One staff member explained that everyone was from the same area, families knew the care staff. One relative echoed this view and told us because everyone knows someone in the community they thought the home worked better.

We found there was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. One relative had commented on the atmosphere in a relatives meeting and said it was much better, the staff were happier and there was more smiling and interactions with the residents and visiting families.

We observed staff give support to people with dementia type conditions and found staff approached people gently. We saw one person repeatedly express their concerns about not being able to carry out tasks and saw the staff support the person to carry out their wishes. When their relative visited we heard staff tell their relative what the person had done that morning. The relative told us they found the staff very caring.

In the reception area we saw a reception desk which provided information to people, staff and visitors. The information included leaflets provided by NHS County Durham and Darlington on local health services and acting as a carer. Information provided by Alzheimer’s Research

UK about memory loss and questions about dementia were also provided. This meant the provider was supporting people to access other services and give them information about their condition.

We saw in each person’s room there was a sign entitled. ‘As a resident you can expect to receive the following level of respect from our staff’. The sign went onto list the behaviours required of staff including, ‘We will treat you with dignity and respect at all times’, ‘You will be treated as an equal without discrimination’ and ‘We will respect your past skills and experiences’. This meant the provider was making clear to people how they could expect to be treated by staff.

People’s privacy was respected. People were able to spend private time in their rooms if they wished. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home. The inspection was carried out in the run up to Christmas and people were supported to have their rooms decorated for Christmas. We saw that bedroom doors were always kept closed when people were being supported with personal care. However we observed a GP had arrived following a request made that morning to visit a person. The staff member took the GP into the lounge where the person was alone. We saw the GP with the assistance of the nurse examine the person including listening to their chest. We found the dignity of this person could have been better preserved by suggesting they go to their room to be medically examined.

We found people were involved in their care planning and saw in their files people were given the option to manage their own medicines to retain their independence. In one person’s care plan we noted ‘[The person] does not want to self-medicate’. End of life care had been addressed with people and their wishes had been noted. In one person’s file we noted they did not wish to discuss their end of life care.

# Is the service responsive?

## Our findings

During our last inspection we found the provider was non-compliant with Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 about assessing and monitoring the quality of the service provision. The provider gave us an action plan and told us what they were going to do to improve. For example following concerns about the prompt answering of call the provider told us they would raise the issue with individual staff during their next supervision meeting. We asked to see records of supervision meetings and found the issue of responding to call bells had been raised by supervisors with staff. One person told us, "Sometimes they come quick, sometimes they are seeing to others."

In response to other concerns raised during our inspection provider had put in place 'Welcome Packs' which contained a check list to be completed on a person's arrival at the home. The checklist provided staff with prompts to make sure people who were new to the home were given appropriate information, for example the checklist prompted staff to tell people the location of the dining room.

One relative on their survey form had commented, "Staff helpful and caring dealing with issues promptly". Another relative told us they liked to go to bed early as they did not approve what was on TV so staff helped them to bed. They also told us they suffered from deafness and staff were helping them to get their hearing aids sorted out.

We saw people's plans were person centred and gave details of the person's wishes, for example, '[The person] likes her teeth steeped at night.' It was also recorded for the same person that regular checks were required to feel reassured. During our inspection we found regular checks were carried out on the person and they were engaged in conversation with staff at regular intervals during the day. This meant their care needs were being met.

We saw people's care plans reflected their individual needs and as those needs changed the service responded. For example we saw the service had made a referral to a specialist support team to assess a person's swallowing needs. Another person had been referred to the wheelchair service. We checked to see if people's care plans were reviewed and up and to date. We found the provider carried out reviews of care plans every month and

decisions were in place to see if they continued to be appropriate. The provider had in place individual documents entitled. 'My Day' which explained to staff what people liked to do during the morning, afternoon, evening and night. We saw for instance one person liked a morning bed bath and a change of clothes. They also liked to be supported with their breakfast by staff in their room

During our inspection one person had experienced difficulties with their electronic communication aid. The person communicated to us they needed staff support to help sort out the problem. The nurse on duty responded to the person by calling the available helpline and leaving a message, and setting a deadline with the person by which time they would ring back if they had heard nothing from the help line. Another member of staff who was more experienced in using the communication aid explained to the person what they thought was wrong as they waited for the return call. We found the staff listened to the person and put in place actions to respond to the concerns.

We attended a relative's meeting when only one relative turned up. However we observed the registered manager speak to other relatives as they came in and left the building and checked with them if they had any concerns. During the meeting the relative raised issues and gave their thoughts to the registered manager who responded to the relative with suggestions and comments.

In the feedback provided by relatives one person thought people's activity levels were poor whilst other relatives thought it was good or satisfactory. We saw there were activities in place and these were advertised using pictures in the main reception area. There was also a daily activities file which informed people about the planned activities. On another wall we saw people were given the opportunity to go on outings, for example people were invited to go out for a pub meal or to the pantomime. We heard one person asking the care staff what was on today and she was told what was happening. We found people expected there to be some activity and wanted to join in. One staff member also suggested that evening they would have a movie night and be together to watch one of their favourite films. In the resident and relatives meetings held in October 2014 one person said they were happy they were seeing more activities.

The provider had in place a complaints procedure. Since our last inspection there had been no complaints, however the registered manager had put into place a concerns

## Is the service responsive?

book. She explained to us when anyone raised a concern she recorded it in the book and what action was taken. She further explained this was intended to avoid bigger complaints at a later date. This demonstrated the registered manager was dealing with potential complaints at an earlier stage. People and their relatives told us they knew how to make a complaint.

In the survey of people who use the service and their relatives one person commented the staff were helpful and caring, dealing with issues promptly. One person told us, 'You only have to mention it and it is done.'

During the relatives and residents meeting in October 2014 it was recorded the new winter menus had been distributed to the attendees and discussed. The registered manager told the meeting the menus had been designed to respond to people's requests for more traditional foods after asking them what they liked to eat. The registered manager told us they have a fish and chip night and people eat their fish and chips out of newspapers as they had done before coming into the home. One relative told us, "They always enjoy their fish and chip night."

# Is the service well-led?

## Our findings

During our last inspection we found the provider was not compliant with Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 about assessing and monitoring the quality of the service provision. The provider gave us an action plan and told us what they were going to do to improve. We found the actions had been carried out and the improvements made. For example we saw there were regular audits of the home. The registered manager showed us an outcomes data report which considered incidents, hospital admission and unannounced inspections. We saw the regional manager undertook a monthly audit of the service, these reports included actions required to improve the service. We found the registered manager conducted an analysis for events; these events included untoward incidents and falls. The registered manager also audited care plans to ensure they were appropriate.

We saw a mattress tool audit carried out by deputy manager and saw there were a number of rooms where the mattresses had failed. The registered manager told us they were in the process of replacing them.

During our last inspection we also found the provider was not compliant with Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 about record keeping. The provider told us in an action plan what they intended to do to improve records. This included. 'All care plans are to be rewritten on new company documentation, and staff have available a blank format to assist them in the facilitation of this'. We found the provider had carried out this action and made the required improvements. We also saw the provider had put a notice on doors requesting that the care plan cupboards are kept locked at all times. This meant the record keeping in the home had improved. One person told us they thought the registered manager "Was a nice person." One relative told us they found the registered manager was, "Most approachable." A registered manager is a person who has registered with the Care Quality Commission to manage the service

We observed the registered manager setting the standards of the home, for example the registered manager stopped a member of staff from carrying dirty laundry through the home and asked them to ensure it was transported in a

laundry trolley. During our inspection if we raised any concerns the registered manager they responded to our concerns with an explanation and addressed them immediately.

We saw the registered manager had surveyed people who used the service and their relatives to measure the service. The survey results were positive, 99.9% of relatives who responded felt the ease of contact, staff presentation, staff knowledge, staff attitude and the general atmosphere was either good or excellent. The registered manager had summarised the findings before sharing them with staff.

We found there was a culture of strong leadership in team meetings. The meetings held with the registered manager included decision making, delegating tasks and directing staff to improve standards. The registered manager had advertised an evening where she held an open surgery for relatives to come along and discuss any issues they wanted to raise.

We saw the registered manager had in place checks on the fire security of the building and communicated with the maintenance person what was required. For example we saw a memo from the registered manager asking the maintenance person to arrange fire drills for staff. We saw this had been carried out. The registered manager had in place a 'Fire drill Participation Matrix' which documented who had taken place in a fire drill. This meant the registered manager ensured staff were experienced to respond in an emergency.

The registered manager showed us the arrangements they had in place to ensure people received the required level of supervision. They had supervision meetings timetabled for staff and were able to monitor when staff supervision meetings were delayed. This meant they could monitor which staff were receiving support.

Since our last inspection the registered manager had developed a programme of meetings to support engage staff, seek their ideas and provide support to staff. During our inspection a staff meeting did not go ahead. We asked the registered manager why and she said no one had turned up as staff were busy in providing support to people. We saw the registered manager had attempted to adjust the times of meeting to see what would be the best time to hold them.

In the staff room the registered manager showed us they had introduced good practice information into the service.

## Is the service well-led?

We saw a file was available with themed good practice information which the registered manager said they changed on a regular basis. We saw staff were asked to

read the contents of the file and sign to say they had read it. There were staff signatures in the file. This demonstrated the registered manager was trying to encourage staff to think about good practice in the service.