

Eastgate Care Ltd

# Alexandra House - Eastwood

## Inspection report

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Tel: 01773530601

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

This inspection took place on 25 February 2016 and was unannounced.

Accommodation for up to 38 people is provided in the home over two floors. The service is designed to meet the needs of older people. There were 27 people using the service at the time of our inspection.

At the previous inspection on 25 and 26 March 2015, we asked the provider to take action to make improvements to the areas of person-centred care, dignity and respect, need for consent, safe care and treatment, premises and equipment and good governance. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all areas, however, more work was required in the area of safe care and treatment.

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

Safe infection control and medicines practices were not followed by one staff member. Incident forms were not always fully completed.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink. External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

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

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in place and staff knew how to respond to complaints.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that

they would take action. There were systems in place to monitor and improve the quality of the service provided, however, statutory notifications had not always been sent to the CQC.

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

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe.

Safe infection control and medicines practices were not followed by one staff member. Incident forms were not always completed.

People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. The premises were managed to keep people safe.

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

### Is the service effective?

Good 

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate. People's needs were met by the adaptation, design and decoration of the service.

### Is the service caring?

Good 

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care. Advocacy information was made available to people.

### Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs. A complaints process was in

place and staff knew how to respond to complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

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

There were systems in place to monitor and improve the quality of the service provided, however, statutory notifications had not always been sent to the CQC.

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## **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 25 February 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist nursing advisor with experience of dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we observed care and spoke with seven people who used the service, four visitors, two domestic staff members, the cook, an activities coordinator, a senior carer, two nurses, the operations director and the registered manager. We looked at the relevant parts of the care records of seven people, three staff files and other records relating to the management of the home.

# Is the service safe?

## Our findings

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risk assessments were not always regularly reviewed to ensure that risks were accurately assessed and actions were in place to minimise them. Accidents and incidents were not always recorded and completed incident forms did not identify the actions to be taken to prevent the re-occurrence of the incident. At this inspection we found that improvements had been made in this area and the regulation had been complied with, however more work was required.

Risks were managed so that people were protected and their freedom supported. A person said, "I have a call bell in my room, [staff] make sure I can reach it and leave it on my bed for me." We spoke with another person who chose to remain in bed. They had the call bell positioned in easy reach. We saw people moved freely around the home and staff did not restrict people but allowed them to walk where they wished in the home whilst supervising them to keep them safe.

People's care records contained a number of risk assessments according to their individual circumstances including pressure ulcers, falls, nutritional issues and the use of bedrails. Risk assessments identified actions put into place to reduce the risks to the person and were reviewed regularly. We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. However, not all incident forms were fully completed to show actions taken by staff. This meant that it was not always clear that actions had been taken to minimise the risk of re-occurrence for all recorded incidents. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening. Staff told us they felt incidents and accidents were investigated and acted on to prevent re-occurrence.

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises and equipment were not managed to keep people safe. At this inspection we found that improvements had been made in this area.

A visitor told us that their family member required some specific equipment for their needs; this included a particular type of mattress. They said that their family member had everything they needed to meet their needs and safety. Staff said they had sufficient equipment to meet people's needs and we observed staff using moving and handling equipment safely. Kitchen staff told us when there was an issue with equipment it was addressed promptly. Checks of the equipment and premises were taking place and action was taken promptly when issues were identified.

We saw that the premises were generally well maintained and safe. However, radiators were uncovered and some were very hot to touch. We raised this issue with the registered manager who agreed to risk assess this area and consider whether any actions were necessary to address the risk.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always managed safely. At this inspection we found that improvements had been made in this area and the regulation had been complied with, however more work was required.

People told us that they received their medicines safely. One person told us, "[Staff] watch that I have taken all of my medicines."

We observed the administration of medicines in the morning and at lunchtime. We saw that on most occasions staff stayed with people until they had taken their medicines, but on one occasion the person's medicines were left with them without the staff member ensuring they were taken. We asked the person if this normally happened and they said, "It depends on who it is." We raised this issue with the registered manager who told us that they would take action to address this immediately.

Medicines Administration records (MAR) contained a picture of the person and there was information about allergies and the way the person liked to take their medicines. MARs confirmed people received their medicines as prescribed. The application of topical creams was recorded on charts and these were appropriately completed by staff.

PRN protocols were in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required. Records were kept of the site of application of transdermal medicines patches to ensure rotation of the site of application and safe administration. A transdermal medicine patch is placed on the skin and releases small amounts of a medicine into the bloodstream over a long period of time.

Medicines were stored safely in line with requirements in locked trolleys or cupboards. Temperatures were recorded of the areas in which medicines were stored and were within acceptable limits.

Staff administering medicines told us and we saw documentation indicating they had had competency checks for medicines administration. They told us they had completed training in medicines administration although some staff had not completed refresher training for over a year.

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe infection control practices were not being followed. At this inspection we found that improvements had been made in this area and the regulation had been complied with, however more work was required.

People raised no concerns regarding the cleanliness of the home. Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at all bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed that staff generally followed safe infection control practices. However, we observed a staff member administering medicine put some medicines in their own hand, instead of a



medicines pot, before giving them to a person. This meant that there was greater risk of infection. We raised this issue with the registered manager who told us that they would take action to address this immediately.

People told us they felt safe. A person said, "It's better than being on your own you feel safe. There is always someone around." Another person told us how staff checked on them during the night and that this made them feel safe.

Staff were aware of the signs and symptoms of abuse and told us they would report any concerns initially to the registered manager or the deputy manager. They were also aware of the procedure for reporting to the local authority safeguarding team and would make a referral if necessary. A staff member told us they would challenge other staff if they felt they spoke inappropriately to a person. They told us they had done this in the past when they felt this had been unintentional and a quiet word from them had resolved the issue. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed in the home to give guidance to people and their relatives if they had concerns about their safety.

People's views on staffing levels were mixed. One person said, "You have to wait a couple of minutes (when using the call bell) but no longer, [staff] need time to get to you." Another person said, "Staff are busy but they find time to chat with me." However, a person said, "I feel safe, [staff] are good but they're busy. Sometimes I have to wait when I need them." A visitor said, "I often see the ladies having to wait to go to the toilet. I think an additional member of staff would make all the difference." Staff told us they felt there were enough staff on duty to provide the care and support people needed and to keep them safe.

We observed that people generally received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were generally visible in communal areas and spent time chatting and interacting with people who used the service. However, the main lounge was not supervised at times so there was a greater risk that people would not receive a prompt response to a request for assistance. A person who used the service also told us that there was not always a member of staff in the lounge and said, "I think the staff should check on us more, if it's only putting their head around the door."

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased. A staffing tool was also used to calculate staffing levels.

Safe recruitment and selection processes were followed. We looked at recruitment files for staff employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

# Is the service effective?

## Our findings

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments of capacity and best interests' documentation were not always in place for people who lacked capacity. The Deprivation of Liberty Safeguards (DoLS) were not being considered appropriately. At this inspection we found that improvements had been made in this area.

One person said, "Staff do ask before they help me and explain things to me. I've signed a contract." Other people could not recall if they had signed any documents that showed they had given consent but all felt included in discussions and decisions.

Staff supported people with choices of where they wanted to sit at mealtimes. They offered people a choice of wearing a clothing protector, waited for the person's response and respected people's decisions. We saw that staff talked to people before providing support and where people expressed a preference staff respected them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. We saw a person was being given their medicines covertly following a mental capacity assessment and best interest decision. The GP had been consulted and agreed with the decision. Medicine is provided covertly when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. Covert medication must never be given to someone who is capable of consenting to medical treatment.

Staff told us they had received training in the MCA and DoLS. They were able to discuss issues in relation to this and the requirement to act in the person's best interests. DoLS applications had been made appropriately.

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Limited adaptations had been made to the design of the home to support people living with dementia. At this inspection we found that

some improvements had been made in this area, however more work was required.

Adaptations had been made to the design of the home to support people living with dementia. The home had been recently refurbished and objects of interest were displayed on corridor walls to prompt conversations and help orientate people to where they were in the building. Bathrooms, toilets and communal areas were clearly identified, people's individual bedrooms were easily identifiable and there was directional signage to support people to move independently around the home. However, not all bathrooms and toilets had signage to show whether the room was vacant or engaged and no easily accessible secure garden available. We raised this issue with the registered manager who agreed to review these issues.

People told us that staff were sufficiently skilled and experienced to support them to have a good quality of life. One person said, "The staff are very capable, they sort things out." A visitor said, "My impression of the [staff] I see are that they are helpful and competent." We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. Staff told us they had received an induction. A staff member told us they had completed an induction programme which included mandatory training, orientation to the home and time to shadow an experienced staff member. Staff felt they had had the training they needed to meet the needs of the people who used the service. A staff member said, "I think they support me really well. If I feel I need any training, they will provide it for me." Training records showed that staff attended a wide range of training which included equality and diversity training. A plan was in place to ensure that staff remained up to date with their training.

Staff told us they had supervision approximately every three months but told us they could ask for supervision at any time. One staff member said they sometimes also had group supervision. Supervision and appraisal records contained appropriate detail.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

Most people spoke positively about the food choices available and told us that they received meals that met their needs. One person said, "I need my food to be smooth else I have difficulty eating." We saw that this person received their meal as described to us. Another person said, "There is a good choice of food; I don't always understand what the food is – If I don't like it I'm offered something different." A visitor said, "Meals are the best, they're excellent."

Two people were less complimentary about the food and felt it had, "Gone downhill recently." They said they wanted more nutritious meals such as casseroles and meat and vegetables. We noted that meat and vegetables were on the menu on the day of our inspection. People told us that they had sufficient to eat and drink. We saw that people were offered drinks throughout the inspection.

We observed the lunchtime meal in the dining room and the two lounges. People received their meals promptly and when people needed assistance staff sat with them and helped them without hurrying the person. Staff encouraged people, but not all staff assisting people described the food to the person who was eating. This can be important when assisting a person with cognitive difficulties to encourage them to eat.

People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. People were weighed weekly and monthly as required and appropriate action taken if people lost weight.

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

People told us they were supported with their health care needs. One person said, "If you're not feeling well, something is done about it. I wasn't well and the GP was called and came the same day." Another person said, "The GP visits and I see the chiropodist." Staff told us people's health was monitored and they were referred to health professionals in a timely way should this be required. Staff told us they had good relationships with the local GP practice and said they were able to secure a GP visit when required.

There was clear evidence of the involvement of a wide range of external professionals in the care and treatment of people using the service. Within the care records there was evidence people had access to a GP and other health professionals.

Where people required pressure-relieving equipment and assistance with changing their position to protect their skin, the equipment was in place and at the correct setting. Records to indicate their position had been changed in line with their care plans were fully completed. There was documentation related to wound management which recorded that regular assessments of wound healing had been undertaken.

# Is the service caring?

## Our findings

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's care records were not always stored securely and people's dignity was not always respected. At this inspection we found that improvements had been made in this area.

A person said, "Staff are very good. They preserve my dignity, I feel confident in the way they help me." A visitor said, "Staff treat people with dignity and respect."

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. The home had a number of areas where people could have privacy if they wanted it.

Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. They told us the dignity champions had been introduced and they carried out sessions with staff to promote dignity issues. A dignity champion is a person who promotes the importance of people being treated with dignity at all times. We saw that staff treated information confidentially and care records were stored securely.

People were supported to eat their meals independently; adapted cutlery was used by some people. A person said, "I recommend one of these (pointing to an adapted piece of cutlery) they're really good." Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

People told us that staff were kind, caring and considerate. One person said, "I have my favourite chair in the corner of the lounge, staff know that." We saw this person sat in this chair in the afternoon. Another person said, "Staff are good and caring, I don't think there is anything that can be improved upon." Visitors all described staff as caring, friendly and approachable. A visitor said, "We come at various times, staff are always the same, friendly and approachable. They are all caring."

People were relaxed within the company of staff. A person said, "I get on great with the staff, I like to have a laugh and joke with them." We saw from the interaction between people who used the service and staff that positive relationships had developed. Staff were able to describe people's care needs and their preferences.

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. Staff were kind and caring in their interactions with people who used the service. We saw staff responded appropriately to people when they showed discomfort. We observed staff offering people support and encouragement in mobilising. A person had some difficulty in getting out of their chair and felt they were going to fall, but staff stood with the person and gave them reassurance, telling them to take their time and get their balance.

People told us they felt involved in decisions about their care. Visitors told us that they had been involved in

care planning when their family member first arrived at the home.

Care records contained information which showed that people and their relatives had been involved in their care planning. Care plans were person-centered and contained information regarding people's life history and their preferences. Advocacy information was also available for people if they required support or advice from an independent person. Where people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us.

# Is the service responsive?

## Our findings

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not receive responsive care that met their needs. There was limited evidence of people being supported to follow their preferred hobbies or interests. Care records did not consistently contain information on people's individual needs and how to meet them. Care plans were not always reviewed regularly and they were not always in place for recorded needs. At this inspection we found that improvements had been made in this area.

People told us that their routines were respected by staff. One person said, "I get up at 5am, it's my choice, I use to get up early for work so it's my routine." Another person told us that they chose to go to bed early and again said that this was out of choice. A visitor said, "[Name of family member] likes having attention, they have the hairdresser to do their hair and the staff paint her nails."

We saw the cook ask people what they wanted for their breakfast and most people replied, "My favourite please." The cook checked with the person what this was before serving it. We saw the breakfast people received was very personal to their preferences. The cook was very responsive and attentive to people's needs.

People told us about the activities that were provided. One person said, "I get offered different things to do but I prefer to spend time in my room listening to my favourite music and watching television." Other people also confirmed activities were available but they chose not to participate. Information was on display about the activities that were available. This included a weekly timetable that included, skittles, baking, sing along and jigsaws. A bird feeder was placed by a window in one of the lounges where people sat and people told us that they enjoyed watching the birds.

On the day of the inspection we saw people involved in jigsaws and staff participated with people to help maintain their interest and enjoyment of the activity. A staff member said, "Some days there are quite a lot of activities, on others there is less going on but we have all sorts of things happening and families will join in." They said they were doing things for Mother's day; they had had a "Race Track" night the previous week and talked about bingo, and jigsaws. Staff told us that they felt that the range of activities could be further improved if a minibus was made available to the home.

Some people who used the service told us they had become good friends with other people at the service. We saw this group of friends sitting and chatting to each other, staff encouraged and supported this by ensuring people could sit near their friends. One person said, "I have made some friendships, I like to sit outside when the weather is good and chat to people." We observed that there were visitors in the home throughout our inspection. Visiting arrangements were set out in the guide for people who used the service.

A visitor told us that they had been involved in the assessment of their relative's needs and had meetings with the registered manager to review care plans. They said, "The communication is good, and we're contacted straight the way if there are any concerns." People's care records contained an initial assessment

when the person first came to the home and this included information about their preferences. Care records contained information on the person's life history and interests. Care plans contained clear guidance for staff on how to meet people's individual needs and had been regularly reviewed.

Health care plans were generally in place and we saw short term care plans had been developed when people had an infection or other short term illness. However, there was no diabetes care plan for a person with tablet controlled diabetes. There was also no care plan documentation to provide information about the care and management of a person's PEG feed site. We raised this issue with the registered manager and the care plans were put in place during our inspection.

Care records contained information regarding people's diverse needs and provided support for how staff could meet those needs. We saw that people were supported to attend religious activities in line with their preferences.

One person said, "I have no reason to complain but could raise anything with the staff." A person told us they used to have their medication at night but they found this too late and requested they had it earlier which was agreed. Staff were aware of the complaints process and differentiated between an informal complaint which they would try to resolve themselves, apologising to the person and a formal complaint which they would refer to the manager.

Complaints had been handled appropriately. Guidance on how to make a complaint was displayed in the main reception of the home and in the guide for people who used the service. The complaints procedure had also been detailed in the most recent newsletter sent to people who used the service and their relatives. There was a clear procedure for staff to follow should a concern be raised.



# Is the service well-led?

## Our findings

During our previous inspection on 25 and 26 March 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection we found that improvements had been made in this area.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in a range of areas including infection control, care records, medication, health and safety, mealtimes and catering. Action plans were in place where required to address any identified issues. Night time visits were also carried out to check the standard of care provided at night.

We saw that all conditions of registration with the CQC were being met, however statutory notifications had not always been sent to the CQC when required. Two incidents had been referred to safeguarding appropriately, however notifications to the CQC had not been made. The CQC must be informed via a statutory notification if an allegation of abuse has been made. The submission of these notifications is important as it enables the CQC to assess whether a service is taking, or has taken, appropriate action when there is an allegation of abuse. The statutory notifications were sent to the CQC immediately after the inspection.

Meetings for people who used the service and their relatives took place and actions had been taken to address any comments made. There were notices displayed in the home to inform people and their relatives of the upcoming dates for the monthly meetings. A notice was on display inviting relatives to a Dementia Friends meeting. A staff member said they had arranged this meeting to talk with relatives about what living with dementia means.

We saw that a range of surveys were completed by people who used the service and their families. Responses were positive and actions were taken in response to any identified concerns. There were notices displayed in the home to inform people and their relatives what action had been taken in response to their comments. The feedback process had also been detailed in the most recent newsletter sent to people who use the service and their relatives.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception. We saw that staff acted in line with those values.

We observed that the home was calm and relaxed. People who used the service and staff joked with each other. Staff we talked with were committed to their job and demonstrated their care for people. One person said, "I love it. The people have such stories to tell. When you see people with a smile on their face it is

great." Staff said the atmosphere at the home was good and all the staff were very friendly with each other and the people using the service. A member of staff said, "I know [staff] love the clients and will do their best for them."

People told us that they regularly saw the registered manager. One person said, "[The registered manager] makes herself available and is very approachable." Another person said, "I see the [registered] manager every day, you can go and see her anytime you want."

Staff told us they felt the leadership of the home was good. They said, "Things have changed a lot for the better." They mentioned the registered manager and the operations director who we were told had provided a lot of support and introduced improved ways of working. Staff had confidence that issues they raised would be addressed. A staff said, "[The registered manager] is very proactive. They are incredibly easy to talk to and can be hands on as well." We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way.

A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. She told us that sufficient resources were available to her to provide a good quality of care at the home. The current CQC rating was clearly displayed in the main reception.