

C.N.V. Limited

Rosecroft Residential Care Home

Inspection report

66 Plaistow Lane

Bromley

Kent

BR1 3JE

Tel: 020 8464 4788

Website: claire.davis@cnv-care.co.uk

Date of inspection visit: 20 and 21 August 2015

Date of publication: 21/09/2015

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

This inspection took place on 20 and 21 August 2015 and was unannounced. We had previously carried out an unannounced comprehensive inspection of the service on 14 July 2014 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010). These were in relation to assessing and managing risks to people, meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards, staffing levels, recruitment, induction

and staff supervision and appraisals. People's nutritional needs were not always met and care and support was not always reviewed in line with the provider's policy. There were no systems in place for monitoring the quality of the service and records were not accurate or fit for purpose and could not be located promptly when required.

Following the July 2014 inspection we had served a warning notice on the provider in relation to the more

Summary of findings

serious breaches found. We carried out a focused inspection on the 6 November 2014 and found the provider had met the requirements of the warning notice. At this inspection on 20 and 21 August 2015 we followed up the other breaches identified in the July 2014 inspection and found that action required to meet the regulations had been taken and improvements to the service had been made.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider. Rosecroft Residential Care Home provides personal care support and accommodation for up to 20 older people. At the time of our inspection there were 13 people using the service.

There were enough qualified staff deployed within the home to meet people's needs safely and to an appropriate standard. Staff received training and supervision on a regular basis including annual appraisals in line with the provider's policy to enable them to carry out their duties appropriately.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and take appropriate actions to escalate concerns. Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards (DoLS) and authorisations for DoLS were in place where appropriate. Medicines were stored, recorded, managed and administered safely.

Assessments were completed of people's physical and mental health needs and risk assessments were completed. Care plans documented guidance for staff that ensured risks were minimised. Accidents and incidents involving people using the service were recorded and acted on appropriately and there were arrangements in place to deal with foreseeable emergencies.

People were supported to eat and drink sufficient amounts to meet their needs and where appropriate people's food and fluid intake was monitored to ensure well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Staff had positive relationships with people and treated people in a respectful and dignified manner.

Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy and daily records were kept by staff about people's day to day wellbeing and activities to ensure that people's planned care met their needs.

People were provided with information about how to make a complaint and we saw information displayed throughout the home for people to access. There were systems in place to monitor and evaluate the service provided and the home took account of people's views with regard to the service they received.

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.

There were appropriate safeguarding adults policies and systems in place to ensure people were kept safe and free from harm.

Risk assessment were in place to assess and monitor risks to people's physical and mental health. Care plans documented guidance for staff that ensured risks were minimised.

Medicines were stored, recorded, managed and administered safely.

There were robust staff recruitment process in place and staffing levels were appropriate to meet people's needs.

Good



Is the service effective?

The service was effective.

There were systems in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff that had appropriate skills and knowledge to meet their needs. Staff received appropriate training and supervision on a regular basis.

People were supported to eat and drink sufficient amounts to meet their needs and where appropriate people's food and fluid intake was monitored to ensure well-being.

Good



Is the service caring?

The service was caring.

Care plans showed that people and their relatives where appropriate were involved in making decisions about their care and lifestyle choices and people were supported to maintain relationships with relatives and friends.

Staff had positive relationships with people and treated people in a respectful and dignified manner.

Good



Is the service responsive?

The service was responsive.

People were supported to receive care and treatment in accordance with their assessed needs and wishes. Care plans provided detailed information for staff about people's varied needs and how best to support them.

People were provided with appropriate activities that met their needs and provided social stimulation.

People were provided with information about how to make a complaint and we saw information displayed throughout the home for people to access.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There were effective robust systems in place to assess and monitor the quality of service provided and improvements that were made.

People and their relatives were provided with opportunities to provide the service with feedback about the care and treatment they received.

Staff were positive about the care provided at the home and the support they received from the registered manager.

Good



Rosecroft Residential Care 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 checked whether the provider was 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.

We undertook this comprehensive inspection of Rosecroft Residential Care Home on 20 and 21 August 2015 to check if improvements had been made to meet current legal requirements for six breaches in the regulations we had found at our inspection on 14 July 2014.

Prior to the inspection we reviewed information we had about the service. This included reviewing the provider's action plan from the previous inspection and looking at statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We spoke with local authorities who are commissioners of the service and local safeguarding teams to obtain their views.

The inspection team comprised of one inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 13 people using the service on both days of our inspection. We spoke with 11 people using the service and 10 relatives during the course of our inspection both in person and by telephone. We looked at the care plans and records for six people using the service and two staff records. We spoke with five members of staff including the registered manager, senior care staff, care staff and kitchen staff.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager. We looked at six care plans and records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and outside grounds.

Is the service safe?

Our findings

At our last inspection on 14 July 2014 we found that risks to people's health and well-being were not always assessed and monitored appropriately, adequate numbers of staff were not always present to provide support people when required and staff recruitment procedures were not always safe and robust. At this inspection on 20 and 21 August 2015 we found improvements had been made and the provider had met current legal requirements.

People told us they felt safe and staff were available when they need them. One person said "I feel safe and there is always staff around to help." Another person told us "It's very safe here, the staff are very good." We spoke with relatives visiting the home and other relatives by telephone. They told us they felt their loved ones were safe and supported well by staff. One relative said "It is very safe here, I don't worry at all." Another relative told us "It's very safe and I have no concerns."

At the last inspection in July 2014 we found there was not always adequate numbers of staff to support people when requested. At this inspection we observed that people who required support had a call bell within reach and call bells we tested throughout the home worked appropriately and were responded to promptly by staff. We observed there were enough staff available to meet people's needs and staff responded to people's requests in a timely manner. Staff rotas confirmed there were enough staff on duty to meet people's needs safely. The registered manager told us they used a dependency rating tool which enabled them to take account of people's needs and correctly calculate the staffing numbers required to meet people's needs safely.

People using the service were cared for and supported by staff that were suitably skilled and appropriate for their role. At the last inspection in July 2014 we found staff recruitment processes were not always safe and robust. At this inspection we found there were safe staff recruitment practices in place. Staff records we looked at contained current criminal records checks, references relevant to staffing positions, evidence of identity and where appropriate proof of eligibility to work in the UK.

Risks to people's health and safety were assessed, monitored and reviewed on a monthly basis. At the last inspection in July 2014 we found people's risk assessments were not always responsive to their needs and guidance for

staff on how to ensure people's safety was not appropriately documented. Since our last inspection improvements had been made and the provider had implemented a new computer based care plan and risk assessment system which provided staff with detailed guidance on people's needs and risks and also produced visual graphs and charts to monitor people's safety and well-being. Risk assessments were completed with people using the service and their relatives, where appropriate and related to areas such as mobility including history and risk of falls, communication, nutrition, personal care, skin integrity, medication and behaviour.

People at risk of malnutrition were assessed and monitored frequently to ensure action was taken to address any weight loss or identified diet risks. For example one care plan documented that the person had lost weight and their body mass index classified them as being underweight. We saw that staff had taken appropriate actions and referred to health care professionals and a dietician in order to promote weight gain and ensure good physical health. We also saw guidance for staff on the use of fortified drinks which assisted the person to return to a healthy weight.

Risk relating to people's dementia or behaviour were assessed and monitored on a regular basis and guidance for staff on how best to support people safely was clearly documented within care plans. For example one person's care plan contained detailed guidance on how staff should manage and approach the person minimising agitation and aggression. Clear communication methods were documented including the importance of staff's tone of voice, proximity that staff should approach and what actions they might respond to before supporting the person to mobilise. During our inspection we observed staff followed guidance when supporting the person as directed within their care plan and risk assessment.

At the last inspection in July 2014 we found the provider's safeguarding adults and whistle blowing policies were not up to date or reflective of current practice. At this inspection we found the provider had up to date policies and procedures in place for safeguarding of adults and whistle blowing for staff. Staff we spoke with knew how to recognise and respond to incidents, accidents and allegations of abuse and had received appropriate training. Staff were aware of the provider's safeguarding policies and procedures and knew how to report their concerns

Is the service safe?

appropriately. One member of staff said “If I had a concern about something I saw I would report it to the deputy or the manager straight away.” This meant staff had the necessary skills and knowledge to ensure people using the service were kept safe. Staff were also aware of the home’s whistleblowing policy, CQC and how to raise a concern or refer to external agencies where appropriate.

Accidents and incidents involving the safety of people using the service and staff were recorded and acted on appropriately. Accidents and incident records showed that staff had identified concerns and had taken appropriate actions to address concerns and minimise further risks to people. For example we saw that one person had suffered a fall causing minor injuries; however we noted that staff had responded appropriately and sought medical advice and completed a body map enabling them to monitor the person’s injuries appropriately. We spoke with the registered manager who told us that all incidents and accidents were analysed and monitored on a monthly basis which enabled them to spot any trends or themes so they could make appropriate changes to people’s care and treatment where required.

Medicines were stored, recorded, managed and administered safely. The provider had a medicines policy in place which was up to date and provided procedural guidance to staff in areas such as safe administration, procedures for record keeping, storage and disposal of medicines and management of medicine errors.

During our inspection we saw medicines being administered to people appropriately. Tablets were stored in individual trays that were colour coded depending on the time of the day. Trays had people’s names clearly printed along with the name and dosage of the medicine. Photographs were kept on people’s medicines records to identify them and ensure medicines would be administered to the correct person. Records of allergies were also recorded to prevent risks of people receiving medicines they were allergic or have an adverse reaction to.

Appropriate arrangements were in place in relation to obtaining and storing medicines safely. Medicines were kept safely locked in a medicines trolley which were secured to a wall. Staff told us and we observed the registered manager held the key to the medicine trolley. Medicines were administered by designated staff who had received appropriate medicines training. Staff we spoke with confirmed they had received suitable medicines training and records we looked at confirmed this.

There were systems in place to monitor the safety of the premises and equipment used within the home. Equipment was routinely serviced and maintained and a maintenance book for staff to record any equipment issues demonstrated that issues were promptly dealt with. Hoists, gas, electrical, legionella testing and fire equipment tests had all been completed. The home environment was clean, free from odours and was appropriately maintained.

Is the service effective?

Our findings

At our last inspection on 14 July 2014 we found that assessments of people's capacity to make informed decisions in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not always conducted, staff did not always receive appropriate support, induction, supervision and appraisal in line with the providers policy and people were not always supported at meal times to ensure a balanced stable diet. At this inspection on 20 and 21 August 2015 we found that improvements had been made and the provider had met the legal requirements so that people received care and support that met their needs.

At the last inspection in July 2014 we found that the home was not always meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and staff were not always able to demonstrate they understood the principles of the MCA and how to apply them when supporting people. At this inspection we saw robust systems in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the MCA and DoLS. MCA and DoLS is law protecting people who are unable to make specific decisions for themselves or for whom the state has decided their liberty needs to be deprived in their own best interests. Appropriate referrals to local authorities were made so that people's freedom was not unduly restricted. Care plans contained mental capacity assessments where people's capacity to consent and to make specific decisions was in doubt. Staff had received up to date training on the MCA and DoLS and demonstrated a good understanding of people's right to make informed choices and decisions independently, but, where necessary for staff to act in someone's best interests. Staff understood the importance of seeking consent before they offered people support.

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person told us "The staff are wonderful and know what to do." Another person said "They [staff] are spot-on! They ask me if they are doing it the right way for me." Comments from visiting relatives about staff competencies were also positive. One relative said "They [staff] are very good with managing dementia. They know how to manage people." Another

relative told us "They seem to understand her dementia." A third relative said "The staff always seem calm and new residents soon settle in because of this. Staff cope very well with all of them, they are clearly trained."

At the last inspection in July 2014 we found that although staff had completed an induction into the service, records to evidence this were not available. At this inspection we saw new members of staff had completed a detailed induction programme which included mandatory training to help staff learn about their role before they started work. Staff personnel files we looked at confirmed staff undertook an induction programme using an accredited induction package. The staff induction period also included shadowing an experienced member of staff which allowed for the familiarisation of equipment and the needs of people using the service.

At the last inspection in July 2014 we found that staff did not always receive frequent supervision and appraisals in line with the provider's policy. At this inspection staff had received regular supervision and appraisals in line with the provider's policy. Staff we spoke with confirmed they received regular supervision and support and had an annual appraisal of their work and performance. They told us they felt well supported by the registered manager and could approach them with any issues or concerns.

At the last inspection in July 2014 we found people were not always appropriately supported during mealtimes and people were not always offered choice. At this inspection people told us their preferences were met and they enjoyed the food on offer. One person told us "You can have whatever you like! Bananas and things." Another person said "It is good, fresh food, in my opinion. Not always perfect, but I like the potatoes." A third person commented "I eat it all! You can't grumble about it at all here." A fourth person told us "It is excellent food here, all very nice. I like roast beef."

We saw menus were discussed with people using the service ensuring a balanced diet that reflected their dietary needs and preferences. We also observed staff used picture cards in the dining room which displayed pictures of the daily menu options to aid understanding for people with dementia. People were provided with sufficient amounts of nutritional foods and drink to meet their needs. The cook was knowledgeable about people's allergies, medical and cultural dietary requirements and meals were ordered accordingly using a frozen food service. People were also

Is the service effective?

provided with fresh fruit and freshly made sandwiches and cakes every day between meals which were available in the communal lounge. We observed how people were supported in the dining room at lunchtime and noted the atmosphere was relaxed and unrushed with sufficient staff available to assist people when required.

People were supported by staff that were appropriately trained and supported to deliver care and treatment safely. Staff we spoke with told us they received regular training appropriate to their roles and to meet the needs of people using the service. One staff member told us “The training is good and we cover lots of different areas such as safeguarding and dementia.” We looked at the home’s training matrix which showed a range of mandatory training provided that was regularly refreshed to ensure staff were up to date with best practice. Training included areas such as manual handling, first aid, mental capacity and dementia. Staff also had the opportunity to complete accredited qualifications such as health and social care diplomas.

People told us they had access to health and social care services when required in order to meet their needs. One person said “The doctor comes out sometimes when I need them.” A visiting relative told us “They always get a doctor if she needs one and we have been here when the doctor has been in to see her.” People had access to health and social care professionals when required and this was reflected within their care plans. We saw care plans were updated regularly following advice from health and social care professionals and records of health care appointments and visits were kept documenting the reason for the appointment and details of any treatment required and advice given. The home worked with a range of health and social care professionals within the local community such as nurses, psychiatrists, occupational therapists, social workers, dentists and opticians.

Is the service caring?

Our findings

People told us that staff were kind and caring and supported them well. One person said “You get to know them. They are all friendly here. A nice lot of girls.” Another person told us “They are kind and friendly. I am very lucky really.” Visiting relatives spoke highly of the care provided and gave examples of the good care received. One relative said “Very happy with the care.” They also explained to us how staff had supported and helped them to cope with their loved one’s dementia. Another relative said “We are very happy. They are so patient with them all.”

People and their relatives where appropriate were involved in making decisions about their care and lifestyle choices and people were supported to maintain relationships with relatives and friends. Care plans documented that relatives were involved in review meetings and other relevant meetings that were held. Care plans were signed and dated by individuals or their representatives, where appropriate, to show people’s involvement and agreement with their plan of care. The home had a key worker system in place which meant, a selected member of staff had responsibility for developing a supportive relationship with one person using the service to ensure their health and social care needs were met. People’s end of life care needs and wishes were also assessed and recorded to ensure they were respected by staff.

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and caring manner. Staff engaged people in conversation and encouraged people to join in the activities on offer. Signs of well-being were evident with people smiling and engaging with one another. We observed the lounge seating arrangement encouraged interaction between people using the service. Staff acted on people’s views and wishes and addressed people by their preferred names. We saw some people enjoyed playing a game of dominoes with staff and others were working in a group reminiscing using aids and pictures to stimulate thought and memories. On the first day of our inspection we saw staff hosting a birthday party for one person using the service. The cook had baked a birthday cake and staff involved everyone in singing happy birthday to the person.

Staff were knowledgeable about people’s needs and preferences and how best to support them to meet their needs. For example one care plan documented that it was

important to the person that they saw the visiting hairdresser on a weekly basis. One person said “The hairdresser comes every week; it is well worth it to me. She is very good and I consider myself lucky to see her.” People’s spiritual and cultural needs were also assessed and documented in care plans to ensure where possible they would be met. We saw the home’s weekly activity planner displayed in the communal area included religious services that were planned and conducted at the home and listed the dates and times so people could attend. We also saw leaflets from a local church on display in the entrance hall of the home for people’s information.

Interactions we observed between staff and people using the service were characterised by patience and kindness. Staff were patient and encouraged people who were able to stand independently to do so safely. People showed familiarity with staff and approached staff readily. We observed that staff understood people’s behaviour and were able to communicate effectively with them offering reassurance. For example we saw a member of staff defuse a difficult situation between two people using the service.

A visiting relative told us “They [staff] seem to cope very well with people’s behaviour. If needed they take them away and spend time talking to them to calm them down and reassure them.” We saw staff spent time sitting with people and even when busy took time to speak with them in passing ensuring they were well. We observed staff encouraged laughing and joking with people and acknowledged that some people had a preference with whom they wished to sit or socialise with.

Staff responded to people sensitively when offering support and people’s privacy and dignity was respected. Staff knew that people’s privacy needed to be maintained when they supported them with personal care to protect and ensure their dignity. Staff described how they did this by knocking on people’s bedroom doors and ensuring curtains and doors were closed when they provided care.

People were supported to maintain relationships and we observed visitors coming and going throughout the course of our inspection. Visitors we spoke with told us they could come into the home without restriction and were made welcome by staff. One relative said, “We are always welcome here, there are no problems.” Another relative

Is the service caring?

told us “Staff make me a cuppa when I come.” A third relative explained, “I do feel welcome anytime and I have arrived even when they are having their tea. They [staff] are always fine with that.”

Is the service responsive?

Our findings

At our last inspection on 14 July 2014 we found that records were not always responsive to people's needs and the provider's complaints policy was not always made available to people in a format that met their needs. At this inspection on 20 and 21 August 2015 we found that the provider had made improvements and met the legal requirements. People received care and support that met their needs and information on how to make a complaint was readily available.

People and their relatives told us they received care and support that was responsive to their needs and staff were supportive when required. One person told us "Staff always come and help me when I ask." A visiting relative said "Whenever there is a problem of any description, we get a phone call. They also come and talk to us when we are there." Another relative told us "There are always staff on hand to talk to." A third relative said, "She gets the help she needs and she is contented."

People were supported to receive care and treatment in accordance with their assessed needs and wishes. Care plans provided clear detailed information for staff about people's varied needs and how best to support them. For example one person's care plan contained guidance for staff on how to manage their behaviour when the person was content and settled as well as guidance for staff when they were agitated and upset. Health and social care professional's advice and guidance was recorded and included in people's care plans to ensure their care was responsive to their current needs. Care plans also detailed monitoring processes for people's health and social care needs such as nutritional monitoring or skin integrity to inform staff and health professionals of any changes or identified risks.

Care plans also recorded people's preferences, personal history, cultural and religious needs, communication needs and preferred social activities. For example one person's care plan detailed that they preferred minimal contact with others and did not like to be in noisy environments. Staff were aware of this and supported the person to achieve their wishes by assisting them to access areas of the home which were predominantly quiet. Care plans showed that people's physical and mental health care needs had been regularly assessed and reviewed in line with the provider's policy. Relatives we spoke with confirmed that they were

involved in the review process where appropriate and were consulted with by staff for their views. Daily records were kept by staff about each person's daily experiences and well-being to monitor and ensure people's planned care and support needs were met and to identify any changes in their needs.

There were planned weekly activities within the home and people appeared to have enough to do to stimulate them and provide social interaction. Relatives told us they thought people had enough to keep them occupied most of the time. One relative said, "I feel that there are more activities on offer now." Another relative told us "It is nice and it is their home, and if they just want to sit around then that's what they want." We observed people were supported to do the things they liked to do, including playing games, reminiscence, dancing and doing arts and crafts. The home displayed a weekly activities board which listed three activities on offer each day, however staff told us this was subject to change dependant on people's wishes. Activities included games, reminiscence, dancing, gardening, baking, aerobics and trips out. We saw that the home also sought entertainment from visiting performers and animals such as visits from a 'pat the dog' service. On the second day of our inspection we saw a visiting singer who performed various music tracks from the 60s and people using the service spent time dancing and singing with each other and staff.

A reality orientation board was displayed in the lounge and provided people with the day, date, year and the weather forecast for the day. This was kept up to date by staff each morning and supported people's orientation. There was also a large television in the lounge, a large coloured fish tank and a music system which most people enjoyed.

People and their relatives told us they had not needed to complain but said they would speak to the manager or staff if they needed to. One relative said "I'd go to the manager of course but I am quite satisfied with the home." Another relative told us "I would go to the manager, but I've no problems at all." Records showed there had been two complaints made about the service this year. We saw that although the complaints were minor the registered manager had acted appropriately and responded in line with the provider's policy. The registered manager told us that they promote an open door culture so people and their relatives can have frequent contact with them and can express any concerns they may have at any time. There was

Is the service responsive?

a complaints policy and complaints leaflet displayed in the entrance hall so that it was accessible to all. These both gave time scales for a response and what to do if people

were not satisfied with the outcome of the complaint. We also noted that the home had a comments and suggestions box located in the hallway enabling people to provide feedback on the service provided.

Is the service well-led?

Our findings

At our last inspection on 14 July 2014 we found systems and processes in place for monitoring the quality of the service were not always effective in identifying areas which required improvement. At this inspection on 20 and 21 August 2015 we found that the provider had met the legal requirements and had effective systems in place to assess and monitor improvements made.

People using the service and their relatives told us the home was well run and the manager and staff knew people well. One person told us “The manager is very nice. They always come and see us.” A visiting relative said “I think it is well run. I feel very comfortable with the manager.” Another relative told us “It is well managed; it is lovely, all lovely.” A third relative commented “I can honestly say it’s a well-run home.”

Staff were positive about the care provided at the home and the support they received from the registered manager. They told us that there was an open culture at the home and they felt confident in raising any concerns or when seeking support. One staff member told us that they had actively chosen to work at the home out of many they had visited as they felt the staffing team and management were supportive. Staff told us the manager was visible at all times and helped directly if needed to support staff to provide care. We observed there to be positive team work amongst the staff working on both days of our inspection to ensure people’s needs were met. Staff communicated frequently through regular team meetings and daily staff handover meetings to ensure support and care was provided to people appropriately.

The registered manager had been in post for a number of years and was aware of the requirements of a registered manager’s role and their responsibilities. Relevant notifications had been submitted to CQC as required. They had detailed knowledge about all the people in the home and ensured staff were kept updated about any changes to people’s care needs. Visiting health and social care professionals confirmed the manager and staff had detailed knowledge about aspects of people’s needs and liaised promptly and appropriately with them as required. Feedback from professionals was sought through a comments and suggestions box and an annual visiting professional’s survey. Comments made from visiting

professionals about the service included “An excellent care home and a pleasure to visit” and “I do find this home very welcoming and extremely organised. The residents are cared for with a lot of tender loving care.”

There were robust systems in place to monitor the quality of the service provided and external quality assurance audits had been conducted. Monthly audits conducted by the registered manager included medicines, care plans, environment, furniture and equipment, staff files, staff training, accidents and incidents, fire systems and safety, health and safety and infection control amongst others. In addition we saw that where issues or concerns had been highlighted as a result of audits undertaken action plans had been implemented to remedy issues. Action plans in place recorded timescales for completion and who was responsible for taking the required action. We saw that required actions identified had been completed within set timescales to ensure the environment and care provided was safe.

There were systems in place to seek feedback from people using the service and their relatives. The home conducted a resident and relative’s satisfaction survey on an annual basis to gain an understanding of the way the home delivered care in order to drive improvements. Areas covered within the survey included premises, catering, care and treatment, staff and daily living. We saw the registered manager had developed a graph of the survey results so they could analyse them and learn from them and had implemented an action plan to address areas of feedback received that required action. Results were largely positive ranging from ‘very good’ to ‘good’ in all areas they covered.

Resident and relatives meeting were scheduled on a regular basis and people told us they found them informative. One relative commented “I’ve been to several meetings and they keep you informed.” We noted that staff used picture cards and objects to aid understanding when holding residents meetings and when working with people who had dementia or memory impairments. The schedule of planned meetings was displayed within the home to ensure that people and their relatives were aware of the dates and times of planned meetings.

The registered manager told us that they had recently implemented a ‘home newsletter’ which staff with the help

Is the service well-led?

of resident's planed on developing on a monthly basis. The aim of the newsletter was to better inform residents and their relatives of activities and objectives within the home. We were shown a copy of the first newsletter.