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Nightingales Residential Care Home

Inspection report

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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

We carried out an unannounced inspection of the service on 4 January 2017. Nightingales Residential Care Home is registered to accommodate up to 22 people who require nursing or personal care. At the time of the inspection there 20 people using the service.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines safely and their medicines were stored and managed appropriately. However, improvements were needed in relation to the records used to assess the risks for each person in relation to their medicines, along with a more consistent approach to the records used for the administration of 'as needed' medicines.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. A risk of an unlocked door to the home was identified, but the registered manager had the processes in place to manage that risk whilst not restricting people's freedom. There were enough staff to keep people safe.

People were supported by staff who completed an induction prior to commencing their role and had the skills, training in place and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had, on the whole, been followed when decisions were made about people's care. People spoke highly of the food provided and were supported to follow a healthy and balanced diet. People's day to day health needs were met by staff. A visiting healthcare professional spoke highly of the way staff supported people. Referrals to relevant health services were made where needed.

Our observations throughout the inspection found that staff were kind, caring and compassionate. Staff understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained. Staff treated people with respect. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.
People were supported to take part in activities if they wished to. Internet based communication systems such as 'Skype' were provided to assist people in maintaining contact with friends and family. Other processes were in place to reduce the risk of social isolation. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided

with the information they needed if they wished to make a complaint.

The registered manager led the service well, was a visible presence throughout the inspection and was respected and well-liked by all the people we spoke with. People were encouraged and supported to maintain links with their local community. The provider's recruitment processes resulted in low staff turnover and staff understanding and implementing the homes aims and values. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Quality assurance processes were in place to ensure people and others were safe in the home.

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.

Care records used in relation to people's medicines were not always in place.

People received their medicines safely and their medicines were stored and managed appropriately. Improvements in relation to people's medicine records.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed.

There were enough staff to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by staff who completed an induction, were appropriately trained and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had, on the whole, been followed when decisions were made about people's care.

People spoke highly of the food provided and were supported to follow a healthy and balanced diet.

People's day to day health needs were met by staff. A visiting healthcare professional spoke highly of the way staff supported people.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and compassionate and understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained and staff treated people with respect.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities if they wanted to.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager led the service well, provided a visible presence and was respected and well-liked by the people we spoke with.

People were encouraged and supported to maintain links with their local community.

The provider's recruitment processes resulted in low staff turnover and staff understanding and implementing the homes aims and values.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

Quality assurance processes were in place to ensure people and others were safe in the home.

Nightingales 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 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 4 January and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed and forwarded to us, 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 local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with eight people who used the service, four relatives, four members of the care staff, the cook, deputy manager and registered manager. We also spoke with one healthcare professional who was visiting the home during the inspection.

We looked at all or parts of the care records and other relevant records of ten people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy with the way their medicines were managed at the home. One person said, "I am kept up to date about any changes to [my family member's] medicines." Another person said, "They bring my meds on time, I know what I take." A third person said, "They're really on the ball with medication."

People's care records contained a list of the medicines they were currently taking. These records also included the daily maximum dosage that each person should receive to reduce the risk of them receiving too much of each prescribed medicine. However, people's care records did not always contain a medicines care plan. Where it had been determined that a person was unable to safely manage their own medicines, a plan of care should have been implemented to agree the best way to support the person in their best interest. In the care records we looked at we found this information was not always in place and therefore did not take into account the individual risks for each person in relation to their medicines. This included a lack of information about how each person liked to take their medicines. The lack of detailed care planning documentation and guidance for staff on how to support people safely with their medicines could result in an inconsistent approach to administration, increasing the risk to their health and welfare.

We discussed this with the registered manager. They told us that they were confident that people were support safely and appropriately with their medicines, but did acknowledge more information could be provided for their staff.

We looked at the medicine administration records (MAR) for six people. These records are used to record when a person has taken or refused to take their medicines. We saw these records had been accurately completed, however we did note on one record when handwritten entries had been made to a person's prescribed medication, these had not been signed by two members of staff. This is important to ensure that the person making the entries had done so correctly, reducing the risk of incorrect administration.

People's MAR's contained photographs of them to assist the staff member with identifying each person correctly prior to administration, reducing the risk of medicines being given to the wrong person. However, people's allergies were not always recorded, which could place people's health at risk.

Processes were in place to support people who received some medicines on an 'as needed' basis. 'As needed' medicines are only used when needed for a specific situation, such as intermittent chest pain, constipation, or pain. However these processes were not always managed consistently. For example, we noted for one person protocols were in place advising the staff member administering these medicines when they should be administered. However, for another person they were not. This increased the risk of inconsistent administration.

People's medicines were stored, handled and administered safely. People were unable to access medicines that could cause them harm. Regular checks of the temperature of the room, cupboards and fridges where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures were

within safe limits.

We raised the issues we identified with the registered manager. They showed us an action plan that was currently in place where many of these issues had been identified during an external audit conducted by a pharmacist and they were in the process of making the necessary improvements.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

All of the people, relatives and the visiting healthcare professional felt they or people living at the home were safe. People were supported by staff who understood the types of abuse people could face at the home and knew the procedure for reporting concerns both internally and to external bodies such as the CQC or the local authority safeguarding team. Records showed a safeguarding adults policy was in place and that staff had received safeguarding of adults training, which ensured their knowledge met current best practice guidelines.

People's care records contained assessments of the risks to their safety. These assessments included; the people's dietary requirements, their mobility and whether people required assistance with being moved to reduce the risk of pressure sores forming. All assessments were regularly reviewed monthly, with any changes in the level of risk resulting in amendments being made to care plans to ensure they met people's current needs.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. A stair lift was in place for people to access the first floor. Records showed regular servicing of this lift had been carried out to ensure they were safe to use. Regular servicing of equipment such as hoists and walking aids, gas installations and fire safety and prevention equipment were carried out and we saw these had been conducted within the last year. External contractors were used to carry out work that required a trained professional.

We raised a concern with the registered manager that the front door to the home was unlocked and posed a risk of people leaving without staff being aware. The registered manager told us they had assessed this and decided that they felt people were not at risk. They told us the front door being unlocked enabled people's relatives to enter the home whenever they wanted to. They told us staff regularly monitored the front door and due to the limited mobility of most of the people within the home there was minimal risk of any one leaving the home without being noticed. The registered manager told us encouraging independence and placing as few restrictions on people as possible contributed to the positive atmosphere within the home.

People had individualised personal emergency evacuation plan (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical and mental ability and were regularly reviewed.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. Monthly analysis was conducted to identify any themes or trends which would enable the registered manager to put preventative measures in place to reduce the risk of reoccurrence.

People told us they felt there were enough staff in place to support them when they needed it and on the whole, staff responded to their nursing call bells quickly. One person said, "They're pretty good at answering the bell." Another person said, "The response to the call bell varies, its good at night." A third person said,

"The staff are pretty quick to respond to the bell, sometimes they say they'll be right back." We noted throughout the inspection, staff responded quickly when people needed their support, either via the pressing of their call bell, or verbal requests. The staff we spoke with told us they thought there were enough staff in place to support people safely.

The registered manager told us that although they did not carry out a formal assessment of people's dependency needs, people's needs were regularly reviewed. Where a changed was identified and more staff were needed, this would always be provided. The registered manager told us agency staff were not used at the home as extra shifts were covered by their flexible staffing team. We checked the staff rotas and saw the number of staff working on the day of the inspection was in line with what was recorded.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on a staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider with making safer recruitment decisions.

Good

Is the service effective?

Our findings

People and their relatives told us they were happy with the way staff supported them or their family members. One person said, "The staff know me very well, their good like that." A relative said, "There's always someone popping in and out of [my family member's] bedroom." Another relative said, "The staff all know what they're doing, their very patient with people."

Staff told us and records showed that they received a comprehensive induction and on-going training programme. All new staff had either completed or were in the process of completing the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Training was carried out in a number of areas such as first aid, moving and handling and infection control. The majority of this training was up to date, with plans in place to address the small number of examples where refresher courses were needed. All of the staff we spoke with told us they felt well trained and had the skills needed to carry out their role effectively. One staff member said, "I feel well trained, and I have regular updates as well."

The provider information return (PIR) sent to us before the inspection stated the provider ensured where specialist training was needed to support people with complex needs this was provided. An example included training provided from an external company for staff on how to support people who had experienced a brain injury. This specialist training, along with core areas of training ensured people received effective care and support from trained and experienced staff.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. Many of the staff had completed these qualifications with some continuing their development by completing more advanced courses diplomas. The registered manager told us they encouraged and supported all staff who wanted to achieve further qualifications to do so. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. Records viewed showed staff received regular supervision. This process enabled staff to discuss any concerns they had about their role and to identify how to develop their skills. Staff also received an annual appraisal of their performance to assess the quality of their work over the course of the previous year. A staff member we spoke with confirmed these had taken place.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Throughout the inspections we saw staff use a variety of skills and different methods to communicate effectively with people who were living with dementia. This included speaking with people about the subject that was important to them at the time, and offering reassuring words if they had become confused. People responded positively to the way staff communicated with them.

People told us they were offered choices and staff acted on their wishes. One person said, "I get up and go to bed when I want, the staff know me well. They're good like that." Another person said, "They help me get dressed in the morning; I choose what I want to wear. Nobody says do this do that."

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

In each person's care records we saw their ability to make decisions had been assessed and care plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. We noted some decisions had been made without a formal MCA assessment having been carried out. Although these decisions had been made with the input of family members and external professionals where needed, it is important to ensure the principles of the MCA are always followed. The registered manager told us they had recently started a review of people's care records to ensure where needed the principles of MCA were being applied correctly.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for one of these people and saw the staff adhered to the terms recorded. The registered manager told us they did not feel others within the home required DoLS to be in place, but this process formed part of their MCA review they were currently completing.

Records also showed that all staff had received MCA and DoLS training and the staff we spoke with had a good understanding of the MCA and knew how to implement it effectively into their role.

People and their relatives spoke positively about the food and drink provided at the home. One person said, "I had cheese omelette today as I don't like curry. I always like soup, it warms you up. There is always a choice if you don't want the food." Another person said, "I nearly always like the food, if I don't they always offer me something else" A third person said, "It's quite a social occasion sitting out having lunch." A relative said, "[My family member] seems to enjoy the food here, it's all home cooked."

There was a flexible approach which accommodated people's individual wishes when deciding where they would like to eat their meals. Some people chose to eat in the dining room with others, whilst some preferred to eat in their bedrooms or in the dining room. We observed the lunchtime experience. People were provided with specially adapted equipment to assist them with eating independently. Others had some assistance from staff with cutting up their food for them. Although there was a set menu in place, if people did like what was on offer, alternatives were provided. We noted one person had their favourite flavour of ice cream provided for them. We did note that the process for serving lunch was a little disorganised, with some people waiting longer than others who were sat at their table with little explanation as to why. The registered manager assured us this was unusual and the serving of lunch was normally organised and people received their meals quickly.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food (e.g. soft or

pureed diet) and any assistance they required with eating and drinking.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks.

Where people had been identified as being at risk of malnutrition or dehydration, records of their food and fluid was completed to enable staff to identify significant increases or decreases in their intake. People were weighed regularly and we saw the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People's day to day health needs were met by staff. People told us they were able to see a number of external healthcare professionals if needed. One person said, "The doctor has just been about my eye. The doctor comes frequently, at least once a week." A relative said, "If [my family member] needs to go to the doctors a staff member will take them."

Records showed people regularly saw their GP, dentist or other health or social care professionals where needed. Information was available for people who wished to see a chiropodist or optician and people's records showed this regularly occurred.

A visiting healthcare professional told us they had no concerns with the way people's health was managed by the staff. They told us staff regularly requested their advice, and when the advice had been given, changes to care plans and actions were taken immediately. Records showed that where a person has a specific health care need, such as support with managing their epilepsy, sufficient guidance was provided for staff to support them safely.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring and they enjoyed living at the home. One person when commenting about the staff and living at the home said, "I think it's rather nice here, if you get a choice to live here you're doing ok." Another person said, "It's more homely here, I was in and out of other places for about a year but I'm very settled at Nightingales." A relative said, "[My family member] can live their life as they want to, it's wonderful and I cannot fault Nightingales at all. I'm happy with everything I see." Another relative said, "We've never seen anything bad and are so pleased with everything they [staff] do."

Staff interacted with people in a kind, compassionate and caring way. They showed a genuine interest in people's well-being and always talked with people with a smile on their face. We saw staff take the time to sit and talk with people. They asked people how they were feeling, if there was anything they wanted the staff to do for them, or just a general chat about what was on television or the book or magazine they were reading. We saw many examples of light hearted banter and laughter, which showed people and the staff got on well.

People were supported by staff who had a good understanding of what was important to them. People's care records contained detailed information about their life history and we saw staff use that information to carry out meaningful and interesting conversations with them. One staff member said, "I always ask people what they think, what they want and it really does help to build a relationship."

Staff responded quickly to people if they showed any signs of distress. Staff were calm, patient and reassuring and showed a real empathy for the people they supported.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. One person regularly attended church with their family. When their family were unable to take them, a member of staff went with them. We also noted that Holy Communion was offered on a monthly basis by a representative of the local church.

People were encouraged to make decisions about their care and support needs and were regularly asked for their views in case they wanted to make changes. People and their relatives told us they felt involved. One person said, "I go to bed when I want. I like to go out into the garden; I sit just outside the door." Another person said, "I get up when I want and I am given the choice when to get dressed and when to have breakfast. I prefer breakfast in my own room." A relative said, "We talk to the manager about [our family member's] care plan and [the manager] keeps us informed. If we have any concerns we go straight to the manager." Another relative said, "I'm kept up to date about any changes in [my family member's] medicines and they [staff] talk to me all the time about their care."

We saw the registered manager had a process in place where if changes were needed to a person's care and support, they contacted the person's family and invited them to discuss this with them. If family members were unable to attend, we saw changes had been agreed by email before being implemented. We reviewed

some responses from family members and all of these were positive in relation to this process.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information for other health and social care services was also available to assist people if they wished to discuss their financial affairs or health related matters.

We saw people were supported to be as independent as they wanted to be. This included people being encouraged to move around the home independently of staff where able. We observed staff supporting people with the use of walking aids, offering encouragement and support where needed. A relative said, "[My family member] has been encouraged to use a 'Zimmer' frame but a wheel chair is never far away."

People's records contained assessments of people's ability to undertake tasks independently of staff. For example one person's care records had detailed information for staff which explained the level of support they wanted and needed to move around the home.

We observed staff treat people with dignity and respect throughout the inspection and the people we spoke with agreed. We saw the service user guide, given to people when they first came to the home, explained to people how they should expect to be treated by staff. This included ensuring their human rights were respected and their expectation to be treated with respect and dignity at all times.

People told us their privacy was maintained and staff left them alone if they asked to be. A relative told us they enjoyed spending time alone with their family member in the library. There was sufficient private space throughout the home if people wished to be alone, or to be with family and friends.

People's care records were handled respectfully and were returned to their correct storage space when finished to ensure people's personal records could not be viewed by others, ensuring their privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day. One relative said, "We can visit whenever we want and we are encouraged to join in."

Good

Is the service responsive?

Our findings

People and relatives described the activities provided at the home. People told us they were free to join in if they wished to, or there were other things for them to do if they did not. One person said, "There's a fair amount going on, but maybe could do with a bit more. I do love the cat." Another person said, "I like to read mags and watch the telly, I prefer not to join in." A relative said, "Nightingales always celebrate the big occasions like Christmas and Halloween. There's lots of music and art. [My family member] really likes the movement and music class and family members are always encouraged to join in." Another relative said, "I have to encourage [my family member] to join in but there's lots to do. There's music, painting, you name it." A third relative said, "They have lots going on."

People told us they liked animals and the registered manager told us the house cat provided welcome fun for people living at the home. Others had a keen interest in dogs and one person told us their dogs came to visit them regularly.

We observed staff take the time to sit with people and to talk with them about day to day things like the television programme they were watching, the magazine or newspapers they were reading or to ask them if they wanted help with doing an activity that day. People responded positively to this staff interaction.

The registered manager had identified that some people may wish to go out of the home more often. Whilst every effort was made to ensure staff could accompany people when they wanted or needed their support, this was not always possible. Therefore, the registered manager had enlisted the help of a local companion service. This service provides support for people in the local community who needed assistance with accessing their local community. This also assisted people with meeting others from the local community and reduced the risk of people becoming socially isolated.

Other facilities were provided for people to maintain contact with people outside of the home. Nightingales provides a free internet service for people to enable them to access social media or to use Skype to maintain contact with friends and family. Skype is a system used have to have a spoken conversation with someone over the Internet, typically this is done using a camera installed on the computer so people can see who they are talking to. The registered manager told us this system helped families to stay in touch with their family members if they were unable to visit.

People's care records were person centred and contained detailed information about what was important to them, their life history and their daily routines. Guidance was also available for staff about how to support people in the way they wanted. Examples of which included, the support they wanted support with personal care and the time they wished to go to bed or to get up. In care record we saw a person had requested that they would like breakfast served in their bedroom whilst listening to music. We went to see this person and found the radio was on whilst they ate their breakfast. This meant staff had listened to what the person wanted and had ensured it was provided for them.

People's care records were regularly reviewed and people and/or their relatives if appropriate had agreed to

any changes made. When we spoke with staff they had a good understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

People were provided with a complaints policy within their service user guide when they came to the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies such as the CQC.

People told us they felt able to make a complaint if they needed to. One person told us they had a specific issue which they had raised with the registered manager. They also said, "I feel confident to tell [name] things." A relative said, "If we had any concerns about [name's] care we would go to the manager or [name of other staff member]."

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "If someone raised a concern I would always try and deal with it. I'd then report it if I needed to."

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

People and relatives were encouraged to become involved with the development of the service and they contributed to decisions made to improve the quality of the service provided. A relative said, "They do have residents meetings and I have been to them." Another relative said, "We have had a survey."

Regular meetings and questionnaires were carried out to gain people's feedback and then action plans were put in place to make any improvements or changes. We saw minutes from the last 'resident meeting' where people had been asked for their views on the activities provided, what they wanted for their Christmas party, the quality of the food and the use of their confidential records within the home. We also saw that as a result of this meeting it was agreed for a new television to be purchased for the living room. These processes and subsequent actions showed the registered manager and the provider welcomed people's views and acted on them.

The staff we spoke with felt the registered manager was approachable and listened to their views. Regular staff meetings were held and staff felt able to contribute. One staff member said, "They do seem to care about what I have to say."

People spoke highly of the registered manager. One person said, "The manager is always in and about. She will always come and see you." Another person said, "I feel confident in telling her things." The registered manager was a visible presence throughout the inspection and they told us they welcomed people, staff and relatives to discuss any concerns they had directly with them. We saw the registered manager actively engage with all people at the home, including relatives and visiting healthcare professionals.

We spoke with the registered manager and asked them about how they ensured people living at the home were encouraged to make and maintain links with their local community. They told us they ensured people were able to attend local events such as the horticultural show and had close links with a local school who visited the home to take part in singing sessions. A magazine published in the local area was also made available for people. This listed news and information for the local area as well upcoming events. The registered manager told us if people wanted to attend they would ensure they were supported to do so. People's records showed they had attended events outside of the home.

The registered manager told us they and the provider prided themselves on the low staff turnover at the home. They told us this was due to their recruitment programme where staff had to demonstrate they understood the aims, values and ethos of the home. The PIR stated that staff supervisions were used 'to underpin good values and practices'. Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. All of the staff we spoke with had worked at the home for a number of years and told us they enjoyed their roles. This approach to staff performance and attitude resulted in a calm, warm and welcoming atmosphere at the home. A visiting healthcare professional told us they felt the staff were welcoming and they enjoyed coming to the home.

People were supported by staff who had an understanding of the whistleblowing process and there was a

whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe and the standard of the care and support provided was high. Regular audits were carried out in areas such as the environment, analysing accidents and falls and agreed actions from staff and 'resident' meetings had been carried out. The registered manager told us they were always looking for ways to improve the service and had requested representative of their medicines supplier to carry out an audit of their medicine practices in the home. Whilst the audit highlighted areas for improvement, this open and transparent approach made sure people's safety and welfare was the registered manager's and provider's number one priority.