People in Care Ltd

Church View Residential Home

Inspection report

Church Street
Oswaldtwistle
Lancashire
BB5 3QA

Tel: 01254381652

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 March 2017 and was unannounced.

Church View Residential home is registered to provide personal care and accommodation for up to 30 people. The home is a single storey building with easy access for disabled people and outside space for people to use during warm weather. All of the bedrooms for people who used the service benefitted from en-suite facilities. There are three lounges and one dining room to people who use the service and visitors to use. The home is in the centre of Oswaldtwistle, close to local amenities.

At the time of our inspection there was a home manager in post who was in the process of completing their application for registered manager with the Commission. The registration requirements for the home required a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 18 April 2016, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to records and on ongoing breach of the management of medicines. During this inspection we found the service was meeting the requirements of the current legislation.

People who used the service and relatives told us they felt safe in the home. Staff we spoke with understood their responsibilities when dealing with allegations of abuse.

We saw improvements in the managements of medicines. Systems were in place for the safe storage, administration and recording of medicines.

Sufficient numbers of suitably qualified staff were in place. This would ensure people who used the service received safe and effective care.

We saw people were provided with a variety of meals of their choice during our observations of people's mealtime experience. Staff were seen engaging positively with people offering support and choice where it was required.

Records we looked at confirmed Deprivation of Liberty applications had been submitted to the relevant authority. Staff were observed seeking permission from people before undertaking any care or activity. We saw staff ensured people's privacy and dignity was maintained and when undertaking any care or activity this was done in the privacy of their bedrooms or bathroom.

People were positive about the care they received from the staff in the home. Care files we looked at had

details of people's individual care needs. Evidence of regular reviews were seen to ensure they reflected people's current needs.

We spoke with the activities co-ordinator who discussed the activities available for people who used the service. We saw activity equipment available for people to use and there was a singer in the home during our inspection who told us they visited the service regularly.

Complaints were managed effectively and we saw positive feedback about the home.

During our inspection people who used the service, visitors and staff were positive about the home manager and the changes made since she returned to post.

There was evidence of how the home received feedback about the service they delivered. This included questionnaires and resident and team meetings.

We saw detailed and regular audits taking place in the home. This would ensure people received care in a service that was monitored for quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff we spoke with had knowledge of the procedure to take when dealing with allegations of abuse.

We saw sufficient numbers of suitably qualified staff in place to meet people's individual needs.

Medicines were managed safely. Systems for recording, storage and administration were in place.

Risks were identified and managed to protect people who used the service from unnecessary risks.

Is the service effective?

Good

The service was effective.

Records we looked at and discussions with staff, confirmed they had received training that was relevant to their role.

People told us they were happy with the choices of meals on offer at the home. We observed a relaxed and friendly atmosphere during our observations of the mealtime's experience.

We saw a range of health professionals had been involved in people's care where it was required.

Is the service caring?

Good

The service was caring.

We received positive feedback about the care people received in the home and we observed positive thoughtful interactions between staff and people who used the service.

It was clear staff respected people's privacy and dignity. When people required support with their care needs this was done in the privacy of their bedrooms or bathrooms.

Is the service responsive?

Good

The service was responsive.

People had access to a number of different activities in the home and we saw a singer in the home on the day of our inspection.

Care files were detailed and individualised. Evidence of regular reviews of people's care was seen.

There was a system in place to manage and deal with complaints. We saw positive feedback in thank you cards on display in the communal areas of the home.

Is the service well-led?

Good

The service was well-led.

We received positive feedback about the home manager from people who used the service, visitors and staff.

We saw evidence of regular team and resident meetings taking place. Minutes recorded the topics covered in the meetings.

There was a system in place for monitoring the quality of the service provided. Regular audits were taking place.

Church View Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 March 2017 and was unannounced. The inspection was carried out by one adult social care inspector 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.

Prior to the inspection we looked at the information we held about the service. This included statutory notifications, any concerns, compliments or complaints as well as any investigations into allegations of abuse. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We undertook observations of the care and support people received and how the staff interacted with people in the public areas of the home. We also undertook a tour of the premises.

As part of our inspection we spoke with six people who used the service and five visitors about the experiences of the care people received. We spoke with the home manager, seven care staff, the chef and housekeeper.

We looked at the care records for three people who used the service. We also checked four staff files and records relating to the management of the home. These included audits and checks, records relating to incidents and accidents, team meetings and duty rotas.

Good

Is the service safe?

Our findings

People who used the service and visitors to the home who told us they were happy with how their medicines were managed. Comments included "They are brilliant with it", "Yes every time I'm here, every day, they come in and give it to her", "Yes, and I know the times. They [staff] come in and say 'they are tiny pills' they will watch to check she's swallowed" and, "Yes. I know [my medicines] but if ever there are any others don't know staff will explain."

Staff we spoke with responsible for the administration of medicine confirmed they had undertaken the relevant training and were competency checked to ensure they had the knowledge and skills to administer medicine safely. There was a range of guidance available including policies and procedures to support staff in the safe administration of medicines.

During our last inspection we identified that the provider had failed to ensure there was a safe system for the administration of medicines. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

We undertook observations of part of the medicine round. Medicines were offered to people safely. Staff ensured medicines were taken and signed for following their administration. Where people required time to take their medicines this was offered sensitively by staff. We saw all medicines were secured safely and the trolley locked when not in use. Improvements had been made to the recording and storage of medicine required to be returned. Appropriate processes were in place to ensure medicines were ordered, administered, received, stored and disposed of safely.

We saw controlled drugs were managed safely and a checks of stock levels confirmed these were accurate. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

We looked at the storage of medicines and saw daily checks taking place on the room and fridge temperatures. These included minimum and maximum readings. This would ensure medicines were stored safely and within manufacturer's guidelines. We looked at liquid medicine stored in the fridge and saw one of these had not been dated as opened. We discussed this with the home manager who confirmed she would take immediate action to ensure all liquid medicines were dated as soon as they were opened.

We looked at the Medication Administration Records (MAR's) chart. Records confirmed these had been completed correctly. We saw when medicines had specific guidance on their administration for example before breakfast these were given by staff. Where creams were prescribed we saw charts for administration had been developed to ensure these were applied when required. The home manager told us she undertook weekly audits of the documentation relating to medicines to ensure people received them safely and when required. Where gaps were identified the home manager confirmed actions taken as a result of their findings.

We asked people who used the service and visitors whether they felt safe in the home. We received positive feedback. One person told us, "Oh very, yes", "Yes and she will say I'm safe as houses here" and, "Definitely safe, definitely we don't worry."

Staff we spoke with understood their role in protecting people from harm and had the knowledge of the actions to take if they suspected abuse. One staff member said, "I have never seen anything to worry me. If I had any concerns I would report it to [home manager]. Another staff member told us, "Firstly I would make sure the individual was okay, I would record it and inform the senior in charge or [home manager] who would report it to the appropriate agencies."

All staff told us they had no concerns about the care of people who used the service and would be confident to raise any concerns with the management.

There were policies and procedures in place and on display in a number of public areas of the home, to guide people on the process of dealing with any allegations of abuse. Staff told us and records confirmed, they had undertaken training in the protection of vulnerable adults. This would ensure any allegations of abuse would be dealt with appropriately. The PIR submitted to the Commission prior to our inspection stated, "Church View Residential Home ensures that all staff have regular training on abuse and how to recognise the signs and what action needs to be taken. All staff have full knowledge of the whistle blowing policy, this is encouraged throughout the workplace."

We looked at the safeguarding file and saw evidence of completed investigations, along with completed referrals to the appropriate agency as well as a copy of the notification submitted to the Commission. Actions taken as a result of the investigations were completed. This would protect people from any future risks and by acting upon lessons learnt.

We undertook a tour of the building and saw corridors were clean and tidy and free from clutter. There were large accessible doorways that would aide people who required support with their mobility to move around safely. Public areas of the home were warm and nicely decorated. We checked a sample of people's bedrooms and saw some of these required updating. The home manager told us there were plans in place to update a number of the bedrooms. The home manager told us they had recently developed a 'beauty room' for people who used the service to access. We checked this room and saw facilities and equipment available for people to access, such as hand and nail treatments, foot massage and hair drying. We saw that the room would require locking when not in use. The home manager confirmed this course of action and we saw guidance introduced to advise staff to ensure the room was locked. This would protect people from the risks of misuse of materials.

Records confirmed audits of the environment were taking place regularly and the home had plans in place to support people in the event of an emergency. These included individual assessment on the support required in the event of an emergency. Environmental and equipment checks were taking place regularly these included, water temperature checks, wheelchairs, moving and handling equipment and walking aids. There were up to date fire risk assessments, guidance on the procedure to take in the event of a fire, evidence of fire safety checks and fire drills that confirmed systems and measures were in place to protect people from unnecessary risk in the event of a fire.

We asked the home manager who told us and records confirmed, regular risk assessment were completed to ensure people were protected from an unsafe environment. During our inspection the home manager confirmed a risk assessment for the newly introduced 'beauty room' would be completed immediately. Following our inspection the home manager confirmed this had been completed to ensure people were

protected from any potential risks in this room. Individual risk assessments were seen in people's care files to guide staff on people's individual needs and included how to support people to ensure their risks were reduced. These included, nutrition, falls, skin and moving and handling. People who used the service and relatives felt that risks were managed safely in the home.

We looked at the home's system for dealing with any incidents or accidents in the home. The home manager told us and records confirmed, all incidents were recorded and included actions taken to keep people who used the service safe. Records included details of the incident along with immediate actions. The home manager provided evidence of analysis and audits of incident and accidents that enable trends or patterns to be monitored or acted upon if required.

We asked people who used the service and visitors about whether they thought there was enough staff to meet people's needs. We were told, "I never see a problem. I know they have lost staff, some good staff. The [home manager] who runs it is brilliant.", "Yes (there are enough staff), I only come during the day, they seem very kind", "There are times when staff are missing, you know that's not their fault, staff can be poorly it can't be helped" and, "Yes, they are stretched at some times."

We received no concerns about staffing levels from staff and during our observation we saw staff responded in a timely manner to nurse call bells. Staff responded quickly to people's request for support and the delivery of care was observed to be delivered in an unrushed manner. This would ensure people's needs were met when they required it.

We checked the duty rota for the home and saw all shifts had allocated senior staff to undertake duties and care in the home. Where sickness or absence was identified, amendments were noted to ensure shifts were covered to ensure people received a seamless and timely service. We asked about whether the home undertook a needs analysis to ensure they had sufficient levels of staff to meet people's individual needs. The home manager confirmed they would investigate and commence analysis of staffing needs.

All of the staff files we looked at confirmed appropriate pre-employment checks had been completed. These included proof of identify, references from previous employers and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant the home manager could be confident only staff suitable for the post were recruited to the home. Staff files contained evidence of completed application forms.

We saw some files that had no details relating to any interview questions. We discussed this with the home manager who told us these staff had been in post prior to her commencement and made an assurance any new staff records would include the interview process. The home manager confirmed they were satisfied with the knowledge, skills and competence of the staff team in meeting people's individual needs.

Good

Is the service effective?

Our findings

People who used the service and visitors to the home were confident that staff had the knowledge and skills to deliver effective care. One person said, "Yes they are beautiful. We've met some lovely staff here" and, "Yes I would say so."

Staff we spoke with all told us they had received training to support their knowledge and skills to deliver individual and appropriate care to people who used the service. One staff member said, "I have done a lot of training for example moving and handling, safeguarding, dementia and medicines." Another staff member said, "I am up to date with my training." The home manager told us they had a new programme of training in place to update all staff from March 2017. Staff and the home manager told us competency checks were undertaken. This would ensure people who used the service received care from an up to date competent staff team.

Staff records we looked at confirmed regular training was taking place these included; moving and handling, pressure area diabetes and challenging behaviour. We also saw evidence of planned training on display in the staff office. Topics included vision care training and fire safety awareness. We saw staff attending the home on the day of our inspection to undertake planned training.

The registered manager told us and records confirmed regular competency checks were completed on the delivery of care provided by staff. This would help to ensure staff were delivering effective care with the required knowledge and skills.

All of the staff we spoke with and records confirmed, regular supervision was taking place with the staff. There was a supervision matrix which identified when supervisions were due. This would give staff the opportunity to prepare for supervisions. Supervision records included training and development, standards of care, safeguarding, whistleblowing, sickness and time keeping.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spoke with the home manager about whether any people who used the service were subject to any

restrictions or DoLS. The home manager told us and records confirmed, appropriate application had been submitted to the assessing authority. We saw there was training and guidance in place for staff to ensure staff had the knowledge and skills to protect people from unlawful restrictions.

We asked staff about their understanding of MCA, DoLS and best interests. Staff told us they understood the principles of the MCA and how to protect people from unlawful restrictions. One staff member said, "Mental Capacity is if a person is able to decide for themselves."

People who used the service and relatives told us they were consulted about their care and were always asked for their consent. Comments received were, "I am not involved in care [decisions] my nephew and niece they are, they do everything, they see to anything", "They ask if I would like a bath or shower" and, "If there was something she would say it and be expected to be listened to."

During our inspection we saw staff asked peoples permission before undertaking any care or activity. Staff were observed knocking on people's bedroom doors and waiting to be invited in before entering. This would ensure care was delivered in line with people's individual choices, likes and needs. All of the care files we looked at had evidence that people had been consulted and agreed to their care. Records confirmed people's choices had been discussed. These included likes and dislikes, bathing and family involvement. The PIR submitted to the Commission demonstrated their commitment that, "Residents (People who used the service) are encouraged to make choices around their everyday living, meal choices, what time they would like to get up and go to bed."

We received positive feedback about the meals on offer in the home. People told us they were happy with the choices provided to them. Comments included, "I eat and drink whenever I want" and, "The food is lovely in here. I would like salad, salad would be nice, I don't like being over-faced."

Staff we spoke with told us people were offered a variety of meals and there were always plenty of supplies of fresh fruit and vegetables on offer. We saw supplies of foods available in the kitchen. Regular checks were taking place on the temperatures of the fridge and freezers as well and temperatures of foods prior to serving.

We undertook observations of the mealtime experience for people who used the service. Meals for the day were on display in the dining room. Where people required alternative meals staff told us these were always provided. During their evening meal we saw a variety of meals provided to people. All people we spoke with told us they enjoyed the food they were provided with. All tables had been nicely set with crockery cutlery and condiments. The atmosphere in the dining area was informal and relaxed. Staff served people their meals promptly and it was clear from the chatter staff understood people's needs and wishes well. This would ensure people received their preference and choice of meals in a timely manner.

Care files we looked at confirmed people's like's dislikes and choice had been discussed with them. Where people required support or a special diet these had been discussed and referrals to the appropriate agencies had been made. For example there was evidence of referrals to the speech and language therapy team.

We reviewed how the service supported people with their healthcare needs. People who used the service and relatives told us, "She's going to hospital tomorrow in an ambulance, they sort it, and they will let my [relative] travel with her." Another said, "I have a doctor and I go to and opticians."

Care files we looked at confirmed reviews had been undertaken by relevant health care professionals when

it was required. These included the optician, dietician, speech and language therapy, district nurses, general practitioner and the dentist. Evidence of guidance from professionals was recorded in people's care files. This would ensure staff had knowledge of the up to date guidance to ensure people's needs were safely met. We saw staff completed charts to monitor people's health and wellbeing. These included; food, weights and continence monitoring. This would ensure any changes in people conditions could be identified and acted upon.

Good

Is the service caring?

Our findings

We asked people who used the service and relative about their experiences of the care they received in the home. People we spoke with told us they were happy with the care they received from the staff and that it met their individual needs. One person told us, "Yes they are very caring. The nucleus [of staff] is still here. We've lost one or two"; "Staff come right away. If I say anything, they will come right away", "They [staff] do it all", "Oh yes, he always has a smile for them" and, "Yes we have special girls who look after you."

Staff we spoke with were aware of the importance of ensuring people received a high quality care from them. One staff member told us, "Care plans help us understand people. They contain everything about them, they are all different." Another told us, "The care plans are about the person. They have their needs and risk assessments, they contain everything you need to know about people."

Care files we looked at identified people's individual needs and the support that was required. They detailed how people liked their care to be delivered along with people who were relevant to them. The PIR submitted to the Commission noted the importance of ensuring people were involved in decisions in relation to the care that they received. It stated, "Residents choose what time they get up and go to bed and choose the meals from the menu. They are encouraged to choose their own clothing and daily routine. If they cannot choose, families are encouraged to tell us their preferred routines, so we know we are getting it right for them." This would ensure people received quality care that was individual to them.

It was clear from the interactions between staff and people who used the service that they knew their needs well and responded to them promptly. This helped to ensure people received a seamless and timely care. The atmosphere in the home was relaxed and positive thoughtful interactions were observed between staff and people who used the service.

We spoke with people who used the service and relatives about whether staff ensured people's privacy and dignity was maintained. Comments included, "Yes they knock on the door", "They will knock on the door, oh yes, they do [respect my dignity" and, "Yes, course they do." A visiting relative told us, "Yes they respect her decisions."

Where staff supported people with their individual care needs we saw this was done with dignity; maintaining people's privacy. We saw staff speaking quietly to people when discussing their support. When people who used the service were provided with support; staff undertook this in people's bedrooms or bathrooms. Staff were seen ensuring doors to bathrooms and bedrooms were closed to maintain people's dignity. We saw the staff had access to information to guide them on how to support people's dignity from a 'dignity council conference'. The home manager had developed an 'expectation card' which advised people who used the service of their commitment to ensure, 'care assistants [staff] will treat you with dignity and respect at all times.' This would ensure staff had the information to guide them on how to support people with dignity and respect.

The home had information on display in the public areas of the home to guide people on the use of

advocacy services if these were required. Advocacy services ensure people who are unable to make decisions and have no relatives receive external support to make these decisions.

We asked about how the home ensured people's equality and diversity needs were met. We were shown guidance for staff on how to support people's individual needs in relation to equality and diversity. The 'expectation card' provided to all people who used the service, demonstrated the home's commitment that all people will be, 'treated as an equal, without discrimination.'

Care files we checked contained information on people's choices such as religion and sexuality. There was also information recorded in people's care plans to ensure staff understood people's needs in relation to their sight and hearing and whether they required aids or glasses. This would ensure staff had the correct and up to date information on the needs of all people who used the service.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and visitors, about the care and support they received from staff. We received positive feedback. One person said, "Yes and it's down to the people if you trust the people" and, "They do everything for her."

People confirmed they had been involved in decisions about their care and the home informed relatives of any changes. One person said, "She makes her own decisions. They [staff] do ring. They have our number" and, "They talk to us about it [the care]. We are content with her records."

At the last inspection we identified that the provider had failed to ensure records were maintained complete and contemporaneous. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

We looked at people's care files and saw staff had undertaken a pre admission assessment to ensure the home could provide the level of care that people required. Care files included a complete assessment of their needs. Assessments included; nutrition, skin dependency, falls and diabetes.

There was also personal information about people, as well as any medical conditions and the involvement of any professionals in their care where relevant. The home manager told us and records confirmed that individual care plans had been completed for people who used the service. These had been updated and reviewed regularly to ensure information contained in them was relevant and up to date. Needs recorded included; moving and handling, maintaining a safe environment, nutrition, elimination and personal hygiene. Care files reflected how people liked to be supported and included a life history that provided information about people's previous experiences. Staff understood the importance of care files and the information contained in them and confirmed they had familiarised themselves with care plans. The PIR submitted to the Commission prior to our inspection stated, "Care plans are personalised taking into account each resident's needs, families are encouraged to support their relatives and become involved in making decisions." This would ensure the care delivered to people was relevant and up to date.

There was a separate file where staff completed daily checks and monitoring on people who used the service. These included; bathing records, food and fluid intake, continence and daily records which demonstrated the care delivered to people who used the service. We also saw staff completed records relating to regular checks on positioning, continence needs checked and a twice daily check to ensure people's needs had been met during each staff shift.

During our inspection we observed activities taking place in the home. There was a singer on the day who told us they were a regular visitor to the home. It was clear from the singing and the dancing that people engaged with and enjoyed the singing. All people we spoke with told us there was a variety of activities on offer in the home. One person said you can take part in activities, "If you want to, I like dancing; like this afternoon I was singing and dancing." A relative told us, "Oh yes she goes out; sometimes she goes for a walk to the charity shop, the carer goes with her" another said, "Yes he likes the music it's brought for all of them

to enjoy, they can choose they don't have to go to it, they work it out to suit all."

During our tour of the building we saw a number of activities had taken place with people who used the service. The planned activities on offer for people were on display in a number of areas in the home. Activities offered to people included; bingo, household chores, world games, movies arts and crafts. There was a variety of information available for people about religious services available for different faiths.

We spoke with the activities co-ordinator who demonstrated the changes implemented since they came into post. There was a variety of equipment available for them to use which included large skittles, word searches and colouring material. We saw that records were completed when activity had taken place for each individual person. This would ensure staff could monitor the activity undertaken and if people enjoyed them.

During our inspection we saw that people were encouraged to be part of the wider community. We saw a number of relatives visiting the home who told us they were always made to feel welcome. It was clear from the chatter between staff and visitors that positive relationship had been established between them. We saw evidence of people visiting the local shops regularly and there was information on display advertising a service visiting the home, where people could buy clothes and toiletries of their choice.

We asked people who used the service and relatives if they were happy with the care in the home and if they had raised any complaints. A relative said, "I've never had any concerns or complaints, I'd tell [home manager] if I had any." One person told us if they had any concerns they would "Tell [staff member or the [home manager]" and, "If I had a complaint I would tell [home manager], she's the boss, she's a very nice lady."

Staff we spoke with were aware of the complaints policy and procedure and a copy was on display in a number of the public areas of the home. This would ensure people had access to information about how to complain if necessary. There was a system in place to record and deal with any complaints. Records included a log to monitor all of the complaints as well as records detailing the outcome of the complaint.

There were a number of thank you cards on display. Examples of comments seen were, "Thank you for all of your care and help with [relative]", "Thank you for your care and compassion. You supported her through a difficult time" and, "I would like to extend my sincere gratitude and appreciation of your patience and sympathy." We saw the home had introduced a board where people who used the service had commented on what they thought about the home. Positive feedback about people's experiences was noted.

Good

Is the service well-led?

Our findings

We received positive feedback about the management of the home from people and their relatives. People told us the home was well led and that the manager was very approachable. One person said, "We couldn't get better", "Yes definitely, they [home manager] always finds time for you" and, "Yes it is brilliant. It's more settled now than it has ever been."

The home had a home manager in place at the time of our inspection. The home manager was responsible for the day to day operation and management of the service. The home manager told us they received support and guidance from the directors who visited the home regularly.

Staff were complimentary about the home manager and the improvements that had been made since she returned to post. Comments received included, "[home manager] is very supportive and is always available and would listen to any of our concerns", "She is wonderful and brilliant you can't fault her at all, things have improved since she returned it is a positive environment and the morale is high" and, "The home has changed for the better for both staff and service users. [Home manager] is lovely and approachable she will make sure things are done." The PIR submitted to the Commission prior to our inspection confirmed there was an 'open door policy' in place and people who used the service, visitors and staff were encouraged to speak with the home manager if they required.

The home manager told us and records confirmed the home had developed a vision and values statement. This stated their aim was to, "Raise and maintain the levels of quality of life and personal fulfilment for each of our residents." There was also evidence of the core values of the service to ensure people who used the service were at the forefront of the care that they delivered. The values included privacy, dignity, rights, independence, choice, security and equality. There was evidence of relevant certificates on display in the entrance to the home. These included the employer's liability, the qualifications held by the home manager, the certificate of registration and the ratings awarded at our last inspection.

We asked the home manager about how she received feedback about the service they provided. We were shown copies of recently completed feedback questionnaires. Feedback was positive from both people who used the service as well as relatives. Topics covered in the surveys included, catering and food, personal care and support, management and people's spiritual or religious needs. People who used the service and visitors told us they provided verbal feedback about the service they received.

We saw the home had regular resident and relative meetings to gain the views on the service they received. We saw notes on the topics discussed as well as who had attended them. This would ensure people were able to discuss their views with the management as well as being informed of any changes planned in the home. We saw records to confirm the actions taken as a response to previous meetings. Staff told us and records confirmed regular staff meetings were taking place and staff were able to discuss their views during these meetings. Notes confirmed the topics discussed this included staffing, senior roles, management and safeguarding.

We asked how the home manager monitored the quality of the service being delivered to people who used the service. We were shown evidence of comprehensive and regular audits taking place. These included; infection control, water, mattresses, falls, care files, walking frame, hoists, wheelchair checks and medicine administration records. Records included actions taken as a result of the findings. The home manager told us she completed a daily walk around of the home. This would ensure the environment was clean tidy and safe for people to live in.

Records in the home and on our system confirmed statutory notifications were submitted to the Commission appropriately by the home manager. This would ensure the home fulfilled its statutory duty to report certain incidents or concerns.