Wychbury Care Services Limited

Wychbury Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Wychbury Care Home is registered to provide accommodation and personal care for up to 42 people, who are mainly older people, some of whom have dementia. At the time of our inspection 39 people were using the service. Our inspection was unannounced and took place on 25 June 2018. The service had previously been inspected in July 2016 and was rated Good.

Wychbury Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to the inspection we had been notified of the sad death of a person following a fall. We have found that actions have been taken in order to minimise any possible risk to other people living in the home.

Not all staff were aware of safeguarding procedures. Staff supported people in a way that made them feel safe. Recruitment of staff was carried out appropriately. People felt supported by staff. Administration and recording of medicines given were carried out safely.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access ongoing training to assist them in their role. Staff could access supervision and felt able to ask for assistance from the registered manager and senior staff, if they should need it. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff encouraged people to eat healthily. Staff supported people's healthcare needs.

Not all staff members treated people with compassion and kindness. People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. People were encouraged to retain an appropriate level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Quality assurance audits were carried out, but did not always identify any areas for improvement. People were happy with the service they received and felt the service was led in an appropriate way. Staff were

supported in their roles. Staff felt that their views or opinions were listened to. We received notifications of incidents as required.

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 always safe.

Not all staff were aware of safeguarding procedures.

Risk assessments required updates and development.

Medicines were given, stored and recorded appropriately.

Staff recruitment was carried out safely.

Is the service effective?

Good

The service was effective.

Staff received an effective induction and ongoing training.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

People's ongoing health care needs were supported.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff were not always kind and compassionate towards people.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance audits did not consistently identify concerns.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

We received notifications as required.

Wychbury 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.

The inspection was prompted in part by an incident where a person had fallen and had subsequently sadly passed away. The inspection took place on 25 June 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We had requested and received a Provider Information Return, this information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with six people who lived at the service, eight relatives/friends and a visiting health professional. We also spoke with three members of care staff, one senior carer and the registered manager. We looked at the care records for four people, alongside five medication records. We also looked at four staff recruitment files, staff training information and records held in relation to quality assurance.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in July 2016, we rated this key question as 'Good'. At this inspection, we rated this key question 'Requires Improvement'.

During our inspection we found that although the registered manager reported safeguarding incidents as required to the appropriate external agencies, there was some confusion amongst staff as to what action they would take in the event of the registered manager's absence. When asked how they would react in the event of a safeguarding incident staff members told us they, "Would refer to [registered manager's name]". Only one staff member spoken with told us that they would contact the relevant external agency. The registered manager told us that they knew staff could rely on her too much at times and would be clear with them what actions they should take if she was not available. The PIR we received told us that staff received safeguarding training every 12 months to ensure that they knew how to recognise and report any concerns relating to abuse and that information on how to report concerns was displayed in the home, so this meant that staff were not clear on the information shared with them and this had not been raised as part of any checks carried out by the registered manager.

We found people didn't always look comfortable in the way that they were assisted to move by staff . For example, we saw when staff used a rotunda transfer aid [a step on device which changes people's positioning] people were not always positioned onto the footplate fully prior to use. We spoke with the registered manager about this and they said that they would ensure staff were clear on how to move and handle people safely. Where equipment was used we found that this was checked regularly and in a good state of repair.

Staff shared that the registered manager completed people's risk assessments although senior staff said they could change the assessment to reflect any change in people's needs and subsequent risk. We found the risk assessments did not cover all the risks that were present when we looked at them for example we saw that one person's risk assessment covered falls and social isolation, yet another person who used equipment due to their lack of mobility was not risk assessed for any potential falls risk. Some risk assessments were last updated two years ago, however staff told us and other records showed that these people's needs had changed in that time. Although current staff knew people and were able to tell us of any risks posed and how they managed them, the lack of risk assessments in place meant that any new staff would not have information on risk to refer to. We spoke with the registered manager, who set about immediately making changes to the risk assessments in place to include all possible risks for each person.

We found the home was clean and in the main tidy, although we did find isolated incidents of trip hazards, for example a shopping basket left out on the floor. We also found a used disposable glove on a chest of drawers. Staff were made aware of these issues and made the areas safe. A relative told us, "The toilet by the dining room could do with ventilation as the smell does have an impact on the main area and especially the dining room which is opposite. It is a good position for being accessible from all the lounges, but venting is definitely needed". We found that whilst walking past there was a lingering unpleasant smell from the toilet area.

People told us they felt safe, with one person saying, "They keep me safe here, I am thankful to God I am here. I have had no falls here, but I did elsewhere". A second person told us, "They [staff] take good care of me". A relative told us, "My relative needed to come into a home as they have had quite a few falls lately and we really wanted them to come here due to the excellent care another relative had received, and the fact that we wanted them to be safe". A staff member told us that they always reassured people to ensure they felt safe. When performing a task they said it was important to explain what they were doing and what was going to happen. They added that they read care plans to ensure they were up to date on people's needs.

Body maps were in place where people had risk or damage to their skin and information was recorded. Screening for skin viability was completed for people and this was scored with a rating dependent on the person's needs. We saw for one person with a high risk score that actions had been taken including use of a specific mattress and regular repositioning and skin checks. Staff were also aware of the person's moving and handling needs and knew how often the person should be repositioned.

People's files contained information about any allergies or specific needs and stickers on the outside of files raised staff attention to this. A dependency profile was in place, which scored people's dependency rating including level of independence, medical diagnosis, cognitive ability and memory.

Where accidents and incidents had occurred we found these had been recorded and actions taken were required. For one person there had been a number of incidents where they had fallen out of bed, with no injury, action taken to reduce this risk included a crash mat put in place and the bed lowered. Another person had also fallen out of bed and the analysis conducted showed they needed to be monitored to ensure that they were placed in the centre of the bed. Staff told us this was carried out.

People told us they felt adequate numbers of staff were available to them and we saw sufficient staff on duty on the day of inspection. A staff member told us, "There are enough staff members to do their tasks without you feeling like you are rushing through tasks". However, there were specific concerns around night time staffing with a relative telling us, "I don't think that there are enough carers, it is really short staffed at night. The staff are good, just not enough of them". A staff member told us, "There are enough staff members during the day, however they could do with having one more carer during the night. Currently there are two staff members on duty during the night and five staff members on duty during the day. During the night if a task requires two carers it can take a longer time to get around everyone. We could do with having one more carer. It's not a major issue at the moment but would speed up tasks". The registered manager told us that concerns raised would be taken to the provider, however staff numbers currently met what the provider had assessed to be adequate in relation to people's needs. In relation to night staff the registered manager shared with us how measures had been taken to ensure that night times were safer for people. Staff were now on duty from 11pm until 6am with a senior in place until 11pm enabling any concerns to be discussed. Night staff also carried out an initial check on people before the earlier staff team left. A staff member now also comes in at 6am to assist any early risers. The registered manager informed us how night staff had received comprehensive training, were aware of the importance of information sharing and attended specific team meetings.

We saw staff recruitment was carried out safely. Staff told us prior to starting work, they had been required to provide their work history, references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. Records we looked at showed that these checks were in place. We were told by the registered manager that agency staff were not used and that permanent staff were used to cover any absences, so that people were always familiar with the staff supporting them.

We looked at Medication Administration Records (MAR) and found the amount of medicines recorded matched the amount available. People also received medicines on time, with one person saying, "I get my medication when I should and have not had any problems with that". Relatives told us, "[Before they came here] My relative wasn't getting their eye drops on a regular basis and so they were in some discomfort with an eye problem, since they have been here they have been getting their drops on a regular basis and their eyes are not so sore which is good". A staff member told us that when administering medicine they ensured the MAR chart is followed and administered to only one person at a time, to make sure no mistakes arise. In respect of 'as required' medicines, the staff member said that they offer medicines to people, giving them a choice as to whether the want them, for example pain killers which they only had when in pain.

Staff were able to tell us in the event of a person being taken ill or an incident arising they would seek medical attention or contact the appropriate professionals without hesitation. We found that lessons had been learnt from a previous incident where there had been a delay in calling medical assistance for a person following a fall. The person subsequently passed away and staff and the registered manager told us that the learning from this was that they would now call emergency professionals immediately. Policies had been rewritten and now gave clear and detailed advice to staff on what immediate actions should be taken in the event of any accident, incident or a person being taken poorly. All staff spoken with said that they had been emotionally affected by the incident and now understood the required actions to take.

Good

Is the service effective?

Our findings

At our last inspection in July 2016, we rated this key question as 'Good'. At this inspection, we found the provider had maintained this standard and the rating has not changed.

People told us and we saw records that showed that the care people received was related to their needs. Pre-admission information included medical needs, social requirements and likes and dislikes including favourite foods. A life history gave staff information on a person's previous experiences and some staff members were able to tell us in detail what they had learnt about people.

People told us they knew the staff well and the staff knew them. One person told us, "I've never had any problems with the staff, they treat me well enough. As they don't leave much, I have known most of them for a long time". A relative shared, "From day one we have not had any problems or issues. All the staff have time for you, they know all the people and will talk to you whenever you come in".

We found that the provider ensured staff had the skills, knowledge and experience to deliver effective care and support. A staff member told us, "I had an induction which consisted of three days shadowing and five days of training both in the office and online. It was 12 weeks in total, you did more each week until you were comfortable on your own. I felt ready because I knew I could always ask for help". A senior staff member told us, "All new starters have a 12 week induction with observations on their care, resulting in them achieving a care certificate". The care certificate is a recognised set of standards for best practice in care. We saw that training was carried out with staff members telling us that they had recently completed 'end of life', 'safeguarding' and 'first aid' training. The registered manager informed us of how some staff members had attended training with their local authority's 'Falls Project', which was aimed at enabling staff to have a comprehensive understanding of actions to take in relation to falls or risk of falls. We found that some staff members had taken on specific roles such as 'palliative care champion' so they could take a lead on the support given in that area. Staff told us and records showed that they received regular supervision and a yearly appraisal. These were opportunities to discuss any concerns or to evaluate positive experiences and to set future goals. Competency observations of staff were also undertaken and if any action points were noted as a result, these were completed.

We found staff communicated effectively with people. We saw staff members bend down to make eye contact with people when talking to them. A staff member told us, "[Person's name] can't hear or see very well. When speaking to him, I ensure I speak clearly and loud, not too loud but loud enough for him to hear. If he doesn't hear me I continue until I know he has understood me". Relatives spoke of how they felt staff communicated well with them, saying, "I believe that there are no secrets, everyone is very open and will discuss anything with us, and at the moment my relative is in bed as they have pressure sores, which the nurse phoned me about and to discuss the care that was needed", and "The home always phone me straight away about any concerns".

People told us that they enjoyed the meals on offer, commenting, "The food is very good", and, "The food is very good, I don't leave anything. I have never asked for another choice as quite happy with what is on the

menu". One person was disappointed with the choice available and said, "Sometimes we don't get choices for lunch, it all depends what they have got in". A relative told us, "My relative was not eating much at their home, as the home delivery food was very bland, since they have been here they have had a more balanced diet". We found that people's food preferences were recorded and known by staff and where people had food allergies this had been noted in their care plan. We saw people were offered drinks throughout the day.

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).

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. Appropriate applications for DoLS had been made for some people and were awaiting approval. Staff we spoke with displayed an understanding of the MCA and DoLS with one staff member telling us, "It is important to ascertain if a resident has the capacity to make their own decisions. MCA decisions are recorded in a person's care plan. Capacity can be fluctuating and decisions have to made in the best interests of the resident". We saw that people's consent was requested by staff and that explained their actions before carrying them out, for example when asking people if they could assist them to the toilet or the dining room. Staff members told us that although there are written consent forms within care plans they always also ensure that they gained people's verbal consent too.

People told us that they were supported to access ongoing healthcare and to remain as healthy as possible. One person told us, "If I feel off the doctor will come". A relative told us, "I always say something if there is something I am worried about. Once I wanted the GP to come and see my relative, the home asked them to come and they didn't so the home changed GP after that. At the time the home contacted another GP who did thankfully come and see my relative". A second relative shared, One person whose religion did not allow them specific medical treatment had this recorded in their file and it had been signed and dated appropriately, so that alternative treatment could be given.

Records showed that people had undergone regular tests such blood tests for ongoing problems this was recorded as was minor procedures such as people having their ears syringed or medicines being changed by the GP. Where people had significant weight loss we saw weights and nutritional intake were monitored. One relative told us, "My relative had been losing weight and the home weighed them and asked for some tests to be done which came back with my relative being anaemic, but the home insisted on them having more tests done and the tests showed that my relative had undiagnosed bowel cancer. Due to the home going above and beyond what was expected of them, my relative was able to get the medication that helped them through the last months of their life, which would not have happened otherwise and I will always be grateful to them for that". Another example given of staff supporting people's ongoing health needs was a relative sharing, "My relative is on medication and due to their medical condition had trouble swallowing tablets so the home contacted the pharmacist who changed the medication to fluid and that has been a real help. The home is onto my relative's health very quickly even before I can bring it to their attention, for example my relative was quite low and home contact my sibling to discuss getting them onto medication to help and we agreed to try that, my relative does seem better now".

Although their was no specific dementia friendly decoration, there had been an attempt by staff to display

pictures that might be engaging for older people in the corridors of the home. Throughout the home the décor was old and dated with some rooms having heavy patterned carpet, although the bedrooms had been recently refurbished and many people were pleased with them. A relative told us, "I would definitely recommend this home, what I would say is" Don't look at the fabric, just feel the atmosphere". This home is a bit scruffy around the edges but it is the ambience of the place that makes it amazing".

Requires Improvement

Is the service caring?

Our findings

At our last inspection in July 2016, we rated this key question as 'Good'. At this inspection, we rated this key question 'Requires Improvement'.

Throughout the inspection we saw some staff did not treat people in a kind and caring way, for example we saw a carer transporting a person in a wheelchair through a doorway and allowing the person to bang their elbows against the frame, causing them to cry out in pain. The staff's response was to say, 'I told you to put your elbows in' and was not sympathetic or apologetic to the person at all, they also did not look at the person's elbow to see if there had been any injury. Other incidents raised with the registered manager included a staff member asking people if they wanted their meal cut up, only to walk away when people said yes and a person being ignored by staff when requesting if they could be moved to another room. The registered manager agreed these actions were unacceptable and spoke with one staff member immediately and informed us that it would be identified within ongoing supervisions what additional support could be put in place to ensure that the staff member carried out better practice in future. We also saw some good examples of care including staff comforting and reassuring a person when they were unable to catch their breath.

People told us they liked staff members. One person said "There is nothing that I don't like about living here. The staff are nice to me, I do have favourites as they are friendlier to me". A second person said, "I worship the ground these girls [staff] walk on". Relatives told us, "I like the staff, they are always smiling and friendly and they work so hard. I don't know how they manage all the people" and, "The staff are absolutely caring and friendly. I would definitely recommend this home to anyone". Staff members told us they had positive relationships with people in their care and they were able to tell us people's likes and dislikes and elements of their family backgrounds.

People told us they were able to make their own decisions and choices. One person told us, "I chose what I am wearing today, I always try to look nice". A relative told us, "My relative has settled in very well. They were always very particular about their appearance [that is their choice] and the staff here respect that and keep them looking lovely with their fingernails painted etc. I have no complaints about their care here". One person did have a concern about their ability to have a choice and told us, "The only complaint I have is that they [staff] get us to sit at the tables in the dining room from 11.15am and we don't get our food until gone 12.30pm, which is very annoying. We spoke with the registered manager who told us staff would ensure that people were happy to move to the dining room early in future.

People told us they were encouraged to be independent. One person told us, "I like to do things for myself if I can, a little tidy up of my room". A second person said, "I wash myself every day and they [staff] bring me two rounds of toast to my room every morning. I have a bath every Tuesday, I do it all myself". A relative told us, "[Person's name's] room is quite large and we have been able to set it up with a three piece suite and armchairs and it is almost like it was at their home [so they have their independence]. A staff member told us, "Some people are still quite independent and this is lovely so we just help them when they need it".

We saw staff maintained people's dignity, such as asking them discreetly if they required the toilet. Staff members told us that they kept the bedroom door closed whilst supporting people with personal care and one said, "I think about what would I want or how would I like to receive care. If I am discussing something confidential then I will discuss the matter in the office or a resident's bedroom".

We found that staff had positive relationships with relatives of people living in the home and one relative told us, "We can come in when we want apart from mealtimes which is understandable". Another relative said, "I am sure that if there were any problems affecting my relative that they [staff] would contact me. When my [other] relative was on end of life, we could come in at any time to see them".

The registered manager told us that should a person wish to seek the support of an advocate, then they were able to arrange this and spoke of contacting the relevant external agency. An advocate supports people to ensure that their views and opinions are heard.

Good

Is the service responsive?

Our findings

At our last inspection in July 2016, we rated this key question as 'Good'. At this inspection, we found the provider had maintained this standard and the rating has not changed.

People we spoke with couldn't recall if they had been involved with compiling their care plans. One relative told us, "I do not get involved in my relative's care plan, as the staff know more than I do so I leave it with them". We found care plans covered areas such as health and medicines, hygiene and personal care, nutrition and dietary needs and any weight management amongst others. Specific person centred information within the plan focused on needs such as, '[Person's name] is a quiet lady, who enjoys the company of others and likes to go to her room after lunch'. Staff told us they read the contents of care plans and were able to share some information with us. Care plans also included preferences such as, one person who required care from a carer of the same sex only.

We found care was personalised to people's needs, for example where people requested a specific resource, such as a minister of religion in relation to their cultural or religious needs this was provided. A relative told us, "I bring another relative here and they share communion on a regular basis as the home arranges for the Priest to come in". We found staff were able to support a person's specific and religious cultural needs and ensured that they were met. Another person felt that it was important for them to look presentable and staff enabled this, the person told us, "I have clean clothes every day, I go to the hairdressers. I think that it's great the home has one for us".

We saw an activity taking place during the inspection, this a puppet show, which people found enjoyable and entertaining and told us so. One person told us, "It is our summer fete soon, and I so look forward to it. It is always a lovely day". Relatives told us, "There are activities every day and they go out almost every day in the company mini bus, which is something that my relative wouldn't have done if they had been at home", and, "There are a lot of activities ongoing and planned, our relative has gone to the cinema today and went to the safari park the other week". One relative felt that the activities carried out had changed their loved ones outlook on life and told us, "[Person's name] used to be quite introverted, but now they are happy to sit in the lounge and have been out on some of the social trips". A staff member told us, "There are always activities happening at the home, always something going on. I have no concerns".

We saw that there was a complaints procedure in place, but people were unable to tell us if they could recall receiving it. Relatives told us, "I do not have any concerns or complaints, but I would not hesitate to talk to the manager who is quite friendly [if I did have]" and, "I have no complaints about the care that my relative is getting here. I would definitely recommend this home to other people". A staff member told us that any complaints are passed onto the registered manager who will record the details and the action taken in the complaints folder. We found that there had been no recent complaints made. However, where complaints had previously been addressed and concluded we found that there was no evidence of documentation available to show how the findings had been communicated to the complainant, such as copies of letters sent or telephone discussions held. The registered manager set about remedying this immediately and showed us a template that they would use to record such information.

We found end of life support plans were in place for people. These were called, 'Planning for your future care'. We saw that information contained within included the person's views on where they wished to be cared for in the event of ill health, preferences following death and last wishes including funeral plans and provision for friends and family. The plan additionally contained a list of health professionals who were aware of the person's preferences.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in July 2016, we rated this key question as 'Good'. At this inspection, we rated this key question 'Requires Improvement'.

We found that a number of audits were in place and these covered elements such as health and safety, independence, choice and equality, staffing, nutrition, medicines and falls amongst others. The registered manager told us how people who experienced more than two falls in a short period of time were referred to the relevant external falls team. Any findings from audits were recorded and actions required carried out with an audit trail in place. However, we found that audits had not effectively discovered the need to expand on documenting any possible risks to people and also had not identified that staff were not aware of safeguarding processes despite attending training and information being displayed in the home. Incorrect use of equipment by staff had also not been noted as part of ongoing checks within the home. We saw that audits relating to the homes' environment such as Gas and Electricity and equipment checks were in place.

People told us that they liked living in the home. One person said, "I feel like I've been here a long time, but I am not sure exactly how long I have been here. All I know is that I haven't just got a room, I've got a home. My home has three windows and I face onto the road which I don't mind as I watch the traffic". A second person shared, "It's wonderful here, couldn't be better. I like the views of the countryside". Relatives told us, "I am very, very satisfied with this home, my relative is as happy as they can be here I and would recommend it to anyone", "I looked at the CQC reports for a number of homes around here and this was the best one. There is a waiting list for people to come here", and, "We think the place is amazing and would recommend it to anyone". Many people commented on the 'homely' feel to the building and one relative shared "We didn't want [person's name] to become institutionalised, but they came to visit here and we all liked it". We spoke with a visiting professional who didn't feel that they knew the service well enough to comment on day to day care carried out, but that it was their understanding that carers carried out instructions given to them by professionals'.

People told us that they knew the registered manager, with one person saying, "We all like her, we see her a lot". A relative told us, "My relative's dementia has advanced since they have been here and I thought that it was lovely that the manager said 'please let us look after your relative instead of them going somewhere else', I was really touched". A second relative said, "I do have chats with the manager from time to time over how my relative is getting on and I have found her very approachable. I would talk to her if I had any concerns" and a staff member shared, "[Registered manager's name] is a good manager, She arranges the summer fair every year and the residents and family members love attending the fair. It is a great place to work". Relatives also told us how they saw the provider regularly and one shared, "They [staff] treated our relative like it was their own relative. Even the owner is a very caring person who is good with their staff. At Christmas it is lovely, all the residents get a very nice present and the owners come in and help to serve Christmas dinner to people".

Staff members told us of how they were supported by the registered manager and said, "[Registered manager's name] is a very supportive manager", and "I have felt supported from day one. All staff members

have been there for me if I need help or want to clarify something. We always have activities for residents and the care is of a high standard. I have thoroughly enjoyed my time here". We were told that the registered manager was open to listen to people and a staff member said, "The manager listens and we can go directly to her at any time".

Staff told us that in the event of a colleague carrying out care that was not in line with good practice they would be willing to whistle-blow. One staff member told us, "I would contact CQC". A whistle-blower is an employee who takes their concerns about any bad practice witnessed to a agency independent of their employer.

We were told about, and saw evidence of meetings for people, relatives and staff. A relative told us, "They do have meetings, we have attended when we can". A staff member shared, "There are regular residents meetings, relatives are present". A second staff member told us, "We have regular staff meetings and discuss issues such as workload and keeping people safe. If [registered manager's name] needs to communicate something to staff she will also call a meeting".

We found that feedback surveys were completed for people using the service and their relatives to give their opinions. People told us that they were asked their opinions on the food provided, cleanliness of the home and activities amongst other things. We saw one comment said, 'I love [registered manager's name]'. We saw that people were given the outcome of surveys in the form of a chart and an action plan to cover responses to issues raised. An example of changes made as a result of the survey included staff being issued with name badges to make it easier for people to identify who they are. A staff member told us, "Resident surveys are completed and we talk to people about the findings".

We found we were informed of any notifiable incidents as required, so that we were able to see if staff had taken appropriate action to maintain people's wellbeing.

The previous inspection ratings were displayed in the home as required and on the website.