Parkcare Homes Limited

The Meadows

Inspection report

94 Loughborough Road
Thringstone
Coalville
Leicestershire
LE67 8LR

Tel: 01530223800
Website: www.priorygroup.com

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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 was an unannounced inspection which took place on 22 February 2017.

The Meadows is a purpose built residential and nursing home situated in the village of Thringstone and is within walking distance of the local amenities. Accommodation and communal space is over two floors and all rooms are for single occupancy. There are suitable shared areas and a secure garden. The home provides accommodation for up to 34 older people some of whom may be living with dementia. There were 32 people living at the home when we visited.

The home had a suitably qualified nurse who had been the registered. 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.

We last inspected this service on 23 March 2015 where we judged the service to be rated as 'Good'

Staff understood how to protect vulnerable people from harm and abuse. Staff had received suitable training.

Risk assessments and associated management plans were in place to support people.

Medicines were appropriately managed in the service. People saw their GP and health specialists whenever necessary.

People were encouraged to be as independent as possible by staff who were suitably inducted, trained and supported.

The provider's recruitment process was robust and included checking prospective staff before they started to work at the home. This helped the provider to make safer recruitment decisions.

Staff understood the requirements of the Mental Capacity Act (2005) and understood how to obtain people's consent before they offered care and support. Staff knew how to support people to make decisions for themselves. Where people may have lacked the capacity to make their own decisions, the provider had followed the requirements of the Act.

People were being supported by staff who cared. They had built relationships with staff that were meaningful. People's dignity and privacy was being promoted and maintained by staff.

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known by staff.

Any accidents or incidents had been reported to the Care Quality Commission (CQC) and suitable action taken to lessen the risk of further issues.

Assessments and care plans were up to date and met the meets of people in the service. Staff were very centred on the needs of individuals. Nursing processes were being carried out appropriately.

People were happy with the activities and entertainments on offer. People were given the opportunity to follow their own interests, where possible.

Staff were clear about their roles and responsibilities. They knew how to raise concerns if they had needed to about the practice of a colleague. Staff were able to make suggestions for how the service could improve.

The provider had a suitable quality monitoring system in place and action had beentaken where improvements were needed.

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 understood and put into practice their responsibilities to protect people from abuse and avoidable harm.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Medicines were suitably managed by trained and competent staff.

Is the service effective?

Good

The service was effective.

People received support from staff who had received regular training, support and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005. They ensured that care and support was provided only if a person gave consent and they protected the rights of people to make decisions about their care.

People were happy with the food provided. Staff ensured people had good levels of nutrition and hydration.

Staff supported people to access health services when they needed them.

Is the service caring?

Good

The service was caring.

We observed dignified and respectful care being given to people who lived in the home.

Staff were attentive to people's needs. They communicated well with people whilst supporting them.

People were involved in discussions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's assessment and review of their needs occurred regularly and included people important in their care and support.

People's support and their plans focused on them as individuals in line with their preferences.

People and their relatives knew how to make a complaint if they had wanted to and could give feedback to the provider.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff shared the same vision of providing the best possible care to people using the service.

People's views were listened to and acted upon.

The service had effective arrangements for monitoring the quality of the service.

The Meadows

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 22 February 2017 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had expertise in understanding services for people with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed notifications the provider had sent to the Care Quality Commission about incidents that had occurred at The Meadows in the previous 12 months. Notifications are events a provider has to tell us about, for example serious injuries and allegations of abuse.

On the day of our site visit we spoke with seven people who used the service and seven visiting friends and relatives. We spoke with the registered manager, a nurse, a team leader, the cook and kitchen assistant, four care staff and a visiting health care professional.

We reviewed a range of records about people's care and how the service was managed. This included six people's plans of care, four in detail. We also looked at associated documents including risk assessments. We looked at three staff files including their recruitment and training records and the quality assurance audits completed by the registered manager.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had

feedback about the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at The Meadows. One person told us, "The place is very safe because the staff and manager are magnificent. Good old fashioned care. There's always somebody here to check on me." Another person commented "Staff at night check you out. I don't lock the door. There is a lot of security. The girls (staff) here were born to the job." Relatives confirmed they thought people were safe living at The Meadows.

Staff understood their roles and responsibilities in relation to keeping people safe and knew how to report concerns if they had any. Staff training records confirmed that all staff had undertaken training in safeguarding and that this was regularly refreshed. A staff member told us, adding "I would take any concerns to the home manager, I have no doubt that they would quickly take action, they are very hot on things like that." There was an up to date policy and the contact details of the local safeguarding team, which were readily available to staff. We saw that the registered manager had contacted the local safeguarding team when any concerns had been raised and any investigations required had been undertaken in a timely way.

The registered manager reviewed incidents that occurred between people that used the service. They had taken action to protect people from being harmed by others and to support the people who presented challenging behaviour. One relative was particularly happy with the response staff gave, they told us, "I noticed a person with dementia who didn't get on with my relative due to mistaken identity. They were abusive. I mentioned it to staff and they took steps to stop it. Now they move that person if they get troubled. All staff were made aware of my concern and that resident's abusive behaviour. It was a good team response."

Risk assessments detailing guidance for staff to follow were in place. These identified areas where people may need additional support. For example, people who had been assessed as being at risk of falls had plans in place to minimise the risk from falling such as having two staff to transfer and support to walk. We saw staff safely support people to stand and transfer from armchair to wheelchair. Wheelchairs were used safely, for example, staff ensured that foot rests were adjusted correctly so that people's feet were off the floor.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because they had been checked for any criminal convictions and satisfactory employment references had been obtained before they started work at the service.

People we spoke with gave mixed views about the level of staff available. One person told us, "Sometimes not enough (staff). Maybe some were on holiday. Night time staff, there are not enough. Between 9.00 and 10.00pm if I want to go to the toilet, I have to wait up to half an hour sometimes." Another person commented, "I think they can be understaffed. I need help if I'm bursting to go the toilet. If staff are off sick then I have to wait, if someone needs care more than me." Another person said, "Sometimes they can be a bit (understaffed). Sometimes they are overstaffed. Other times I can the ring the bell and have to wait. It can be distressing." Relatives also felt that the service was sometimes understaffed. One relative told us, "At

night time there are not enough staff." Another relative said when asked if there were enough staff, "Sometimes no. I'd like to see more. They have so much to do. The jobs they do, doesn't leave time for talking with residents."

Staff generally felt there were enough staff. One staff member told us, "Staffing numbers, I think we're alright. There's time to talk to people." Whilst another staff member said, "Staffing is pretty good at the moment. People don't have to wait too long." We observed staff responding to call bells and spending time with people throughout the day. The provider used a dependency tool to calculate the number of staff required to support people's assessed needs. Staffing levels varied according to the level of dependency people were assessed at. We spoke with the registered manager about staffing levels and they told us they would look at how staff were deployed to ensure people had their needs met in a timely manner.

People lived in a safe well maintained environment. Communal areas, stairs and hall ways were free from obstacles which enabled people to move freely around the home. Regular monitoring and safety checks of equipment were carried out to help keep people safe. People had access to specialist equipment such as wheelchairs, stair lift, walking frames, hoists, specialist beds or bathing aids to use whilst having a bath or shower. Fire, electrical, and safety equipment was inspected on a regular basis. There were systems in place to monitor when maintenance work had been completed, monitoring of water temperatures, flushing infrequently used rooms and descaling of shower heads to prevent legionella infection..

There were safe systems in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. One relative told us, "[Person] was ill and they had medicine. The staff did it fine. [Person] has to have some at specific times of the day. They are good with [person]."

We observed the administration of medicines for two people. They were appropriately supported to sit up before taking their medicines and everything was explained to them. When the staff member was satisfied that the medicines had been taken, all items used to support the administration were cleared away before preparing medicines for the next person. The whole process was unhurried.

We did note that where a person was epileptic there was no rescue plan in place to indicate when to administer as required medicines were the person to continue to fit. Nor was there a description as to whether or not the person got an aura and how this presents so action could be taken to minimise injury. (An aura is a perceptual disturbance experienced by some people with seizures before the seizure begins.)

The staff member we spoke with understood what action to take in the event of an administration error to ensure the safety of the person in the first instance and then how this was reported as an incident. They told us when there was an error the staff member would be stopped from giving medicines until they have completed the full training package and there competency was reassessed. In addition when an error has occurred all staff have to undertake training in that area as part of 'lessons learnt'.

Good

Is the service effective?

Our findings

People were supported and cared for by a well trained staff team. One person said, "Yes they meet my needs." A relative commented that staff "seem to know what they are doing." We observed staff supporting and encouraging people throughout the day

New staff undertook an induction programme which was specifically tailored to their roles. A staff member told us their induction was about, "Showing me the role. I got to know people by working with staff. I shadowed one shift then did three induction sessions. I felt it was sufficient. I feel confident in the role."

Staff spoke to us about the training they had received and records confirmed that training in key areas such as first aid, fire safety, medication, movement and handling and dementia awareness was refreshed regularly to ensure staff kept their skills and understanding up to date. The registered manager told us and staff confirmed that they held monthly in house training. "Once a month the qualified staff (nursing staff) prepare and deliver a training session for the care staff that they have identified as a training need, the manager has requested or the care staff themselves have requested. This month is care of the dying and was requested by the care staff." Another staff member told us, "I'm trained to NVQ level 2. I've had various training recently. This week was about urine infections. It's good to get refreshed on training."

Staff felt supported and listened to. Staff told us they received regular supervision and had yearly appraisals. One member of staff told us, "I have supervision with the manager approximately every three months and more frequently if needed." Records confirmed staff received regular supervision where their training needs and performance were discussed.

We saw examples of staff communicating effectively with people. We heard staff explain how they proposed to support people, and then talked to people whilst supporting them. For example we heard staff support a person to transfer from their wheelchair to their chair and encouraged the by saying, "Feel for the chair, give yourself time." Staff spoke with people as they supported them, always maintained eye contact. We saw staff talking with a person who had received a birthday card, they commented on the card. They asked the person if they wanted the card, either next to them in the lounge or in their bedroom. The person chose to keep it with them and staff respected this choice. People were cheerful and confident in how they responded to staff, this showed they felt comfortable and relaxed.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process 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.

The registered manager had a thorough understanding of the MCA. Staff we spoke with also had a good understanding of the MCA and its importance. They understood the principles of the MCA and DoLS. A staff member told us, "It's when you are depriving someone of their rights. For example, from seeing their family or not letting them make choices." At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA. However where applications had been successful they had not notified CQC. The registered manager told us they would ensure that they made the notification.

People told us the food was good and there was plenty of it; one person commented, "It's very good (the food) and plenty to drink. My fluid intake is monitored due to my heart so I can only have so much. Only have to ask if I want a sandwich or soup at other times." Another person said, "The food is excellent and I'm happy with it. I get my porridge with salt now. There is enough to eat and a good choice."

People were assessed for their risk of not eating and drinking enough; staff used a tool to inform them of the level of risk which included monitoring people's weight. A daily record was kept which demonstrated that staff monitored people's fluid and food intake if they were at risk. If there were any concerns about people not getting enough nourishment referrals had been made to the dietician for advice and guidance.

People were supported to eat a healthy balanced diet. There was a choice of meals available each day and alternatives were available should someone want something different to the menu. Staff supported people to choose their meals either by explaining and describing what the meals were or showing pictures of meals. We saw people choose meals when the choice was offered this way. The cook told us, "We have all the information required. A nurse asks them what they want. When a person moves in to the home we get a dietary needs form. It has their likes and dislikes on it." and, "We go around and ask them what they want. If they can't talk I give them the option and point as I use pictures." In the kitchen we saw that there was a board for who was on what particular specialist diet. We saw that photos were used to explain to covering staff what a soft, diabetic, pureed and normal diet would look like. Both the kitchen staff confirmed they had the resources they required to meet people's food and drink preferences.

Prior to lunch being service we saw the registered manager entering the kitchen. They smelled and tasted the food to be offered to people. They also looked at the texture. They offered feedback to kitchen staff, gave lots of praise. They specifically praised the homemade soup that had been requested by people. Food temperatures were taken and we saw that a diabetic cake had been made. The cook told us this was for everyone but specifically for the person who required a diabetic diet. The registered manager told us the checks they made ensured that not only was the meal was of good quality for people to eat but where people had specific dietary needs such as softened or pureed, the food was suitable to meet their needs

Our observation was that the meal time was a pleasant experience for everyone with people chatting and the meals and dining room were very well presented.

People were supported to access health services when they needed to. For example, people told us they were able to see a GP if they felt unwell. A person told us, "The doctor came to see me last week here, but no physio to date. The staff arranged a taxi to visit the dentist. I also go to the optician every year. The district nurse comes to dress my left foot. She does it well." Another person said, "I got pneumonia twice last year. I have bronchiectasis and quite a few chest infections. As soon as you tell them they get the G.P. I went to hospital. I was back in two weeks." A relative also confirmed that a GP was called when their loved one was unwell. "[Person] had pneumonia and a heart attack. The G.P came on the same Friday afternoon and [person] went to hospital in the evening."

Good

Is the service caring?

Our findings

People were very positive about the caring approach of staff. We received a variety of comments including, "Give them 10/10 (kindness). I've had no problems." "They are very considerate." "The staff are always kind and considerate. They have a lot to do in a short time. One care staff brings pictures of her cats and shares them with me. The manager has a lovely dog. Friendly people." One person did tell us, "Staff feel for patients. An old guy died and one of the staff was very upset. Perhaps too caring. They (the staff) are very, very good." Relatives and visitors also told us that staff were friendly and welcoming. One relative told us, "Always a big welcome when I visit." Another relative told us, "I cannot praise the staff enough. I've worked in many care homes. The care is second to none." A visitor told us, "Staff are very friendly, they always make me feel welcome."

Interactions between staff and people were warm and compassionate. Staff communicated with the people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with those people who were seated, as well as altering the tone of their voice appropriately to ensure people understood what was being said.

People told us that staff treated them with dignity and respect. One person said, "They treat me well and respect me." Another person told us, "They treat me really good. Whenever they come, they always knock and always shut the bathroom door." Whilst another person commented, "Staff talk whilst they're working. Got to know them as fellow human beings." Relatives also felt that staff treated people with respect. One relative told us, "Staff knock on the door. They ask permission if they can come in." A visitor told us. "Oh yes staff are lovely, they knock on the door and they are always polite."

Our observations were that staff treated people with dignity and respect. We saw staff knock on bedroom doors and identify themselves on entering the room. Staff used vacant or engaged signs when personal care was being carried out, ensuring other staff knew not to enter a bathroom or bedroom. We saw and heard staff being discreet when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively. For example, we saw a person become distressed after lunch and a staff member sat with them until the person fell asleep. We also saw that staff had received training in Equality and Diversity. This showed that the provider had taken steps to promote dignity in care had these had been put into practice.

Although some people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives or representatives had opportunities to be involved in decisions about how their care and support was delivered. Their relatives or representatives contributed to their care plans. For example, care plans included sections about how people wanted to be supported. A relative told us, "I was involved with a care plan review before Christmas. Our views are taken on board. We all sort it as a team." Another relative said, "I was involved in the care plan. We've been through it two or three times now." Although most people were not involved in longer term decisions about their care and support they were involved in every day decisions about when and how they were supported. We saw and heard staff giving people information about how they proposed to support them and offering them

choices. For example, "Can I help you with that?" And "Can I put your feet up?" The way people responded showed that they understood what staff said.

People were supported to be as independent as they wanted to be. People told us that staff encouraged them to be independent. One person said, "Staff encourage me to try to do things. Like getting dressed in the morning." Another person also said, "I am encouraged to be independent. Such as shaving myself, wash my hands and feed myself."

People's care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. For example, we heard a staff member supporting a person by encouraging them to walk, "You need the walking frame to help you walk again. A bit of practice and you can use your walking stick again." The person seemed happy with the support they were receiving. Staff also told us they encouraged people to maintain their independence as much as possible by supporting them to do tasks such as personal care where they were able to.

People's relatives were able to visit The Meadows without undue restrictions. We saw from the visitor's signing in book that relatives visited the home throughout the day. Relatives we spoke with confirmed they could visit when they wanted to. One relative told us, "I can come anytime I want. There are no restrictions."

Good

Is the service responsive?

Our findings

People we spoke with told us that they experienced a good quality of care. A person who used the service told us, "Staff seem to know what they are doing."

We saw that suitable assessments were in place and that nurses and staff looked at people's dependency, needs and strengths. Where changes were noted the staff discussed these with the person, their relatives and other professionals, as appropriate. Assessments of activities such as mobility, pain and nutrition were completed and action taken where issues were noted. This helped the registered manager to understand the needs of people and to make sure that the service could meet these.

People had support plans that were focused on them as individuals. Care plans contained information about people's life history and individual preferences. For example, in one care plan we saw information on how to communicate with a person, they needed instructions repeated. We saw staff doing this. We found that people's support plans included information about their likes and dislikes as well as their life histories and daily routines. The registered manager and staff told us that this information was gained from people where they could contribute or from their relatives. We also saw information available for healthcare professionals if people had required a hospital admission. This information included how a person liked to be supported, their current medicines and healthcare needs. This meant that staff had the information they needed to offer support in the way people preferred.

Care plans were personalised, and the views of the residents and their relatives were reflected in the reviews and evaluations. The provider used "the resident of the day model" which involved a 360 degree review of all people's care needs and all activities of daily living with multi-departmental involvement. The cook reviewed the menu choices and preferences and prepares a special meal. The maintenance person checked all fixtures and fittings and quality of the environment. The housekeeper deep cleaned the bedroom and changed the curtains. The activities organiser reviewed their activity plan and the person had a physical health check (even where there was no identified physical or mental health problem). The care plan and risk assessments were then reviewed and the person was involved in that review where they were able and relatives' views were sought. The completion of the review was documented in a separate journal kept in the person's bedroom. We looked at three journals and these were fully completed showing that the service was carrying out full reviews of people's care.

People told us that they were asked about their care needs and their preferences for activities and outings. One person said, "The activities girl asked me what I enjoy doing. She always tries to keep us occupied. Four of us help with cutting the vegetables once a week. I join in the bingo and bowls." Another person commented, "Yes they asked about my hobbies. I got all my train hobby things through them. It feels like a family here. The other activities are not my kind of scene. But they always ask me if I wanted to join in." There was an activities board listing timetabled events for the week, as well as a photo montage of previous outings and activities. The activity lists included bingo, family visits, skittles, vegetable preparation, hand massage, ball games and a coffee morning. The service also has a 'coffee shop' where people can go and have a drink with their visitors if they so wish. We saw people throughout the day using this facility and

seemed to enjoy themselves. People also told us their spiritual needs were being met. One person said, "I'm a catholic and I like going to the service here."

People who used the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall alongside a poster showing the ratings we gave at our previous inspection. People and their relatives told us they knew about the complaints procedure and that they felt comfortable about approaching the registered manager if they had any concerns. One person said, "If I had to complain I'd let the person know. I know people say you should put it in writing but I wouldn't. I'd go to the manager." Another person told us, "I would speak with the person in charge if I had a problem." A relative added," I would not hesitate to complain if I had a serious worry." No complaints had been made since our last inspection.

Relatives had opportunities to provide feedback about the service. There was a suggestions box clearly visible in the entrance hall. A relative commented, "They have slips by reception that you can fill in. They are very thoughtful" Resident and relatives meetings took place at regular intervals where people could talk about the service. Relatives told us they knew they could speak with the registered manager at any time. One relative said, "I have been asked for feedback by carers, the manager and paper forms. The manager's door is always open." Another relative commented, "The manager and carers will have a chat about feedback on services and about any worries."

The registered manager worked closely with other services to support people. On the morning of the inspection the registered manager was at a local hospital carrying out a pre assessment for someone who was due to be discharged that day. Later the registered manager liaised with staff, the family and hospital to arrange for a safe discharge for the person to the service.

Good

Is the service well-led?

Our findings

People using the service and relatives told us The Meadows was a pleasant place to be and that staff were friendly. People told us they were happy to be there with one person saying, "I would recommend this home to other people." A relative told us, "I can go to any staff and they have time for me. The manager is wonderful."

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included relatives and residents meetings which the registered manager used to inform people of developments at the service and to invite suggestions and ideas. For example, a relative told us they had been able to make suggestions at meetings, "There was a bus here that wasn't being used but now we go out regularly on Thursday's. My [person] has been out to the garden centre and shops in it."

We spoke with staff about the atmosphere in the home. They told us that since the new registered manager had taken up their post things had improved. One staff member commented. "We lost a lot of staff early on but that was because they didn't want to work to [registered manager's] standard. They [registered manager] are tough but fair." This comment of 'tough but fair' was a recurring comment we heard from staff. Comments received from staff showed they had a respect for what the registered manager was wanting to achieve at the service in raising standards. All the staff we spoke with spoke with pride about their work and what they had achieved. This included achieving the silver Quality Assurance Framework (QAF) from the local authority. The QAF is used by local authorities to promote high standards of conduct and care in social care services.

Another staff member told us felt that the home had improved since the new registered manager had started. They told us they were supported in their role. They described the registered manager as being very hands on and visible and "has a genuine interest in the resident's and the staff." They told us, "[Registered manager] makes a point of saying good morning to everyone, staff and residents alike and enquires as to how they are, and at the end of the day they come and say good bye and thank you, we're not used to that." They added, "Their door is always open and they are very approachable. The atmosphere is better, as is communication. They keep us informed."

Staff understood the provider's vision for the service and one staff member spoke with passion about what Amore (provider) actually stood for. Their aim was to provide a more caring service where people had more independence and quality of life. Our observations throughout our inspection were that staff put their training and support into action.

The registered manager monitored through daily 'walk-about' observations that staff provided care in line with the provider's values and standards. As a result people who used the service and their relatives recognised the registered manager and felt they were approachable. One person told us, "I know the manager. [Registered manager] talks to you. They are lovely. You can tell them anything." Another person said, "The home is well led. The new manager has been proactive for us residents. They are strict, fair and thorough" A relative told us, "I get on very well with the manager. They are very efficient and everywhere!

They know what's going on."

Staff all felt confident to raise concerns with the registered manager and also felt confident that they would be listed to but were aware of the provider's whistle blowing policy if they felt action was not being taken to improve practice. One staff member told us, "I'd report any concerns straight away to the manager or higher if needed. The directors do come in and they do checks. Their details are in the office."

Staff also felt they could make suggestions to the registered manager and they would be listened to. One staff member told us, "I can make suggestions if needed. For example, one person was getting bruising on her leg so I suggested padding to her bed and it's in place."

Feedback about the service had been sought by the provider. The registered manager told us that questionnaires had been sent in the last 12 months to people about the quality of care offered. An analysis of the feedback was available. It showed that 100% of people who returned their survey were happy with the care they received. A relative told us, "I have received questionnaires in the past. They are happy to receive feedback about the service."

The provider had a detailed quality monitoring system in place. We saw that there were routine audits of care delivery, medicines management, training and supervision, catering and cleaning. We found that these were effective in highlighting ways to improve the service. For example, following a medicines error the registered manager had amended the way audits were carried out and they had been increased to daily to ensure any potential errors were picked up promptly. As a result there had been no medicines error since the new regime had been introduced.

The registered manager understood their responsibilities under the terms of their registration with the Care Quality Commission (CQC). They kept the CQC informed of events at the service, such as deaths, accidents and incidents. This was important because it meant the CQC could monitor the service. They had a clear vision of what they wanted to improve at the service which they told us about in the Provider Information Return they sent us before the inspection visit. For example, to introduce a library, as requested by people using the service and encourage