

Claremont Care Services Limited

Warrengate Nursing Home

Inspection report

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Date of inspection visit:
01 November 2016

Date of publication:
23 December 2016

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

Warrengate is a nursing home for up to 40 people some of whom have dementia. At the time of our visit 39 people lived here. People who live here are all over the age of 65, and many receive care and support for a physical disability, or a sensory impairment.

The home is arranged on three levels, with the care being given on the ground and first floor at the time of our inspection. Communal areas include a large dining area, lounge and secure gardens.

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.

The inspection took place on 01 November 2016 and was unannounced. At our last inspection in February 2015 we identified five breaches in the regulations, and areas of the home that required improvement. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that all the areas of concern had been addressed, and people had a positive experience living at Warrengate.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. However guidelines for 'As required' medicines needed to be further developed, to minimise the risk of these medicines being given incorrectly. People received their medicines when they needed them.

There was positive feedback about the home and caring nature of staff from people who live here. A relative said, ""The staff are kind and caring here."

People were safe at Warrengate because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people. The registered manager regularly reviewed staffing levels to ensure they matched with the needs of people. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. In the event of an emergency people were protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The provider had carried out appropriate recruitment checks before staff commenced employment, to ensure they were safe to work with people who may be at risk.

Staff received a comprehensive induction and ongoing training, to ensure they could meet and understand the care needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements were met.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. Positive feedback was given by a visiting healthcare professional about the knowledge and skills of the nursing and care staff. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals, and were attentive to people's needs.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs.

People had access to a wide range of activities that met their needs. Activities were varied and based on people's interests and life history.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. People and relatives were encouraged to give feedback about the home, via surveys and regular meetings. The registered manager and provider listened and took action where required. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

People benefitted from living in a home with good leadership and a stable staff team, so they knew the people who looked after them. A relative said, "I am very happy with this care home; It's the human interaction they give."

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.

People's medicines were managed in a safe way, and they had their medicines when they needed them. The guidelines for nursing staff around 'as required medicines' need to be further developed.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home. There were enough staff to meet the needs of the people.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests, and physical and mental health needs.

There was a clear complaints procedure in place. Complaints were used as a tool to improve the service for people.

Is the service well-led?

Good ●

The service was well- led.

Quality assurance records were up to date and used to drive improvement throughout the home.

People and staff were involved in improving the service. Staff felt supported and able to discuss any issues with the manager. Feedback was sought from people via surveys and regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Warrengate Nursing 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 01 November 2016 and was unannounced. The inspection was carried out by two inspectors and a specialist nurse advisor (SPA).

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with eight people and five relatives. We observed how staff cared for people, and worked together as a team. We spoke with eight staff which included the registered manager and the provider. We also spoke with a visiting health care professional. We reviewed care and other records within the home. These included eight care plans and associated records, six medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted Healthwatch England, and commissioners of the service to see if they had any information to share about the home.

Is the service safe?

Our findings

At our previous inspection in February 2015 we identified one breach in the regulations. This was around the lack of safe systems for evacuating people in an emergency. This concern had now been resolved by the registered manager.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in personalised fire evacuation plans. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People received their medicines in a safe way, and when they needed them. However for 'as required' medicine, such as medicine that may help with pain or anxiety, there were not always guidelines in place giving clear guidance to nursing staff about when and how often this should be given. It is recommended that the provider review the management of 'as required' medicines.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for, to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs), and staff recording was legible so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Daily checks were completed on medicines to ensure they were accounted for and available for people to use when they needed them.

Some people had 'covert medicine'. This is where the medicine is hidden and they did not know they were taking it. Medicine was also sometimes given in an alternate format, such as crushed, to aid swallowing. The nursing staff had followed legal requirements to ensure this was in the people's best interests. They had involved the GP and pharmacist to ensure the practice was safe, and would not affect the effectiveness of the medicine. Homely remedies, such as cold and flu medicines which can be 'bought over the counter' had a clear protocol for each medicine with dosage and interval between repeats. Staff understood how these remedies, could interact or affect prescribed medicines that people took.

People were safe living at Warrengate. They said felt safe because they were well cared for by kind staff. Relatives also felt the home was safe for their family members.

People were protected from the risk of abuse. Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place. This included taking action and making a referral to a relevant agency, such as the local Adult Services

Safeguarding Team or police. Staff were aware of their role in reporting suspected abuse and understood Warrengate's whistleblowing policy. The whistle blowing policy and a flow chart outlining the procedure to follow if abuse was happening or suspected, were clearly displayed for people to see if they needed guidance or had concerns.

There were sufficient staffing levels deployed to keep people safe and support their health and welfare needs. A relative said, "There are always enough staff when I visit." People said that staff were available when they needed them and responded promptly to their needs. Relatives felt there were enough staff to meet their family member's needs. During the inspection call bells were answered promptly by care staff, and staff had time to sit and talk or interact with people.

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here. Staff enjoyed working at the home and said they felt there were enough of them to undertake their roles well.

Staff were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure 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.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. Throughout the day people were able to move freely around the home. Staff encouraged people to maintain their mobility by only offering support if the person was struggling or was at risk from falling. Where support was offered it was discrete and followed good moving and handling practice. People at risk of falls were not left unattended. In the main lounge staff communicated with each other to ensure there was always at least one staff member in the room, to help people should they need assistance. This matched with the management of falls guidance in people's care plans, demonstrating staff understood and followed the guidelines to minimise identified risks causing harm to people.

Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. People who may need help mobilising, such as with the use of hoists had their own slings. This reduced the risk of accidents as the sling was the correct size for each person, and held them securely and safely when in use. In addition individual slings also reduced the risk of cross infection because other people did not use them. Observations made during the inspection confirmed that people were assisted by staff in a safe way, that matched the information in risk assessments.

The home was well maintained. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were

pleased with the standard of cleaning. Regular safety checks had been carried out on equipment such as hoists and slings, nurse call bells, pressure mattress settings to ensure they were in good working order.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively.

Staff received ongoing training to ensure they were kept up to date with current best practice. Staff training included safeguarding adults, first aid, health and safety, food hygiene, infection control, end of life care, dementia awareness, moving and handling, and behaviour management. Staff were also encouraged to take qualifications such as the care certificate in social care. This is a national qualification that gives staff a grounding in all aspects of care. The effectiveness of the training was displayed during the inspection where staff responded with calmness and confidence to help people when supporting their mobility, or supporting people who became upset. Staff also demonstrated the correct use of equipment such as walking aids, mobility hoists, foot rests for wheelchair use, and pressure cushions when supporting people.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Some people were unable to understand why they had to stay at the home. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. Staff sought people's permission before providing care, and took time to explain choices that were available to help the person understand.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. One person was seen to have protective clothing in place to

reduce the risk of them harming themselves. The appropriate DoLS application had been submitted as staff understood that the person did not have capacity to understand how their behaviour could affect their health.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, ""The food is excellent here" Another person said, "I look forward to my dinner."

People's special dietary needs and choices were met. People had a nutritional care plan in place and this provided staff with specific information regarding special diets. Various dietary requirements were catered for, such as soft diets, and vegetarian diets. Where people had a pureed lunch each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences. People were given choices about meals and choice of drinks. Ample tea and coffee was served throughout the day and staff were seen to offer encouragement to people to remind them to drink plenty of fluids.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People had nutritional care plans and their weight was monitored and recorded to identify any changes that might indicate a need for additional support. People at risk of malnutrition had food supplements, for example high protein drinks to help maintain their weight. If people had any dietary issues they were referred to the dietician or SALT team. There was a choking policy in place and staff had undertaken first aid training to include choking.

People received support to keep them healthy. A visiting healthcare professional (HCP) said nursing staff were very good at spotting "the soft signs" such as changes in people's behaviour that may indicate they were unwell. The HCP felt the staff worked well as a team, and gave effective care when people's health needs changed.

People have access to a range of medical professionals including, a chiropodist, doctors, an optician and tissue viability nurses. Where people's health had changed appropriate referrals were made to specialists to help them get better, for example speech and language therapists if people's eating habits changed.

People's health was seen to improve due to the care they had been given by staff, such as effective and proactive treatment of pressure sores when people were admitted to the home with them. People received effective care to prevent the occurrence of pressure sores. At the time of our inspection, no one had a pressure sore. People had care plans for pressure sore prevention and wound management in place. These detailed the actions staff needed to take to care and support for people. This included repositioning charts and skin care plan. The assessment and management plan for wound care, where people had been admitted to the home with pressure sores, was observed to be comprehensive. Nursing staff had also sought advice from the tissue viability nurse to ensure they provided appropriate and effective care.

Good guidance was recorded in wound care plans to ensure staff understood the individual care requirements, such as the types of dressing to be used. Wound care records were up to date for people who spent their time in bed. Equipment such as pressure mattresses were in place. These were used to relieve pressure on pressure areas and aid in stopping a sore developing. Clear guidance for staff was in place to ensure these mattresses were set to the correct levels to ensure they gave effective support to each person that used them. Staff demonstrated good knowledge of the use of mattresses, settings were regularly checked by nursing staff to ensure they were set correctly, and were working effectively.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "I am well cared for here. The staff are lovely." A relative said, "I visit four times a week, and there is always the same caring atmosphere. Nothing is too much trouble for them."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People said they were pleased with the standard of care at Warrengate because staff were kind, listened to what they wanted, which made them happy to live there.

Staff were very caring and attentive with people. Staff supported people living with Dementia safely and appropriately. For example, when people walked around the building staff never passed without talking to them, offering choices and reassuring them. Other observations of kindness included staff holding people's hands when talking to them. This was something that we could see comforted people.

People were supported by staff that knew them as individuals. A relative said, ""The staff are lovely, they seem to know my family member and what he wants." Throughout our inspection staff had positive, warm and professional interactions with people.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. Many respectful actions towards people by staff were observed during the inspection. One staff member was called away from a person, to help someone else. When they returned they apologised to the person for the interruption. Another staff member noticed a person (who could not verbally communicate) was making quiet noises. They discreetly asked if the person would like to go to the toilet, or if they were in any pain. They stayed with the person until they identified what the issue was. They then supported the person to meet their needs.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, in house activities. Items such as clocks and calendars were correct, so people had a clear view of the time and date to help orientate themselves. Seasonal decorations around the home also helped to orientate people to the time of year. Brightly coloured menus which used pictures were in use. These were visually stimulating to people. The registered manager reported that people living with dementia now showed a greater interest in the menus as a result of this.

Staff took time to explain things to people before they gave care or support. People told us that they were asked about their care and that staff did listen to them. People's bedrooms were personalised with furniture from home, ornaments and personal photographs. It was clear people took pride in their rooms and were happy with them when they took time to show us around them.

Family members were able to keep in regular contact and visit whenever they liked. Relatives said they could visit whenever they wished and that they were made welcome by staff. One relative told us, "The staff

are very welcoming to us as visitors. We are always made to feel welcome." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Is the service responsive?

Our findings

At our previous inspection in February 2015 we identified two breaches in the regulations. These were around the care plans not being up to date, and the management of complaints. The manager sent us an action plan about how they would put things right. These concerns had now been resolved by the registered manager.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People and relatives were involved in their care and support planning. One relative said they had been involved in the development of the care package for their family member. "I was asked loads of questions which the home used to gain a picture of my family member. They asked about previous job and hobbies, important people in their life, special dates (wedding), children and grandchildren's names and birthdays."

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The care records were well organised so information about people and their support needs were easy for staff to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. It was clear staff had read and understood these files as they were able to tell us about the people they cared for, and the information they gave matched with that recorded in the care records.

People received support that matched with the preferences record in their care file. People said staff always asked if they were happy with their care and said that when they made a suggestion the staff responded to their ideas. Gender specific staff were provided for people who had a preference for this. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly, or if needs changed, to ensure they reflected the person's current support needs.

People had access to a wide range of activities many of which focussed and promoted peoples well-being, physical and mental health. People told us, and we saw, that there was range of activities they could take part in if they wished. The service employed an activities co-ordinator who worked in the home full time. Relatives said the staff were very good at providing activities for people. During the inspection there was a constant choice of activities for people to take part in. This included a discussion on the daily news, which helped keep people orientated with reality, and up to date on current affairs. There were also quiet areas around the home for people to go to if they wanted some peace and quiet from the positive hustle and bustle provided by the activities coordinator and staff.

Activities were fully inclusive and programmes had been introduced to ensure that people in bed or who preferred not to take part in group activities were enabled to participate. A number of these people liked birds so the staff had bought bird feeders and placed these outside their windows. Personalised music

playlists were also used to keep people entertained, using recently purchased tablets. These were used to good effect and bought smiles to people's faces and calmed other people who might be agitated. An example of the individualised activities offered was demonstrated with one person who had an interest in the World Wars. They had been supported to go to the library to look at old books on the subject and then went for some cake.

People were supported by staff that listened to and responded to complaints or comments. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. Relatives said they would feel comfortable making a complaint, because they knew the registered manager and provider would listen and try to put things right. They had been given a copy of the home's complaints policy (which was also clearly displayed in the reception area) when their family member moved into the home. They understood how to complain if they felt the needed to. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been three complaints received at the home in the last 12 months. These had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. Staff discussed any comments or complaints received at team meetings so they could learn from any mistakes that had been made. The changes made to the home, and the improvement in people's experiences since our last inspection showed the registered manager and staff team had responded well to feedback received.

Is the service well-led?

Our findings

At our previous inspection in February 2015 we identified two breaches in the regulations. These were around quality assurance checks not driving improvement, and records management not being effective. The registered manager sent us an action plan about how they would put things right. These concerns had now been resolved by the registered manager.

There was a positive culture within the home, between the people that lived here, the staff and the registered manager. The atmosphere was very welcoming and open. People felt secure and were happy to share thoughts about their life at Warrengate with us. A relative said, "It's all lovely here and the staff are brilliant." Staff provided a positive experience for people living at Warrengate, by being friendly and happy in their roles.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. This was demonstrated during the inspection when staff came to the registered manager to report a concern about person's health or wellbeing. The registered manager stopped what they were doing and immediately attended to the people with the staff member.

People experienced a good level of care and support because staff understood their roles and were confident about their skills and the management. Staff told us the registered manager had an open door policy and they could approach the manager or provider at any time. Staff felt supported and able to raise any concerns with the manager, or the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were well organised. The registered manager and nursing staff had a good understanding of the care and support given to people. The information obtained from meetings and surveys was clearly displayed in the home, so people, relatives and visitors could see the issues that had been raised, and what the staff were going to do.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as maintenance of the building, infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. The registered manager and staff also responded well to external feedback about the service.

People and relatives were included in how the service was managed. A relative said, "They do have meetings we can attend." There were regular resident and relative meetings, and these were well attended. These gave feedback to people on what was happening around the home, and the results of any surveys that had taken place. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. The most recent meeting had included a discussion around the latest survey that people and

relatives had completed, and how the management would be looking into the ideas and suggestions that had been made. These were clearly recorded in the minutes and action was ongoing to address them.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The registered manager had also followed regulatory requirements by ensuring the homes CQC rating was prominently displayed, along with a copy of the current inspection report.